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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. 46

MAY

No. 5

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.

Medical Superintendent



Much to our surprise we are being crowded by women patients. About Easter time it was necessary for us to take the furniture out of our East Infirmary beds for patients. Three weeks later, they are still up and needed. A year ago women made up only about thirty per cent of our patient population. At present, this percentage has increased to

forty. This proves only that tuberculosis is still somewhat unpredictable, and it is difficult to know just when there are enough beds available for men, or women, or children. A little room for expansion in emergencies is necessary in all departments.

* * * *

We hear glowing reports from our four vacationing staff members who are at present touring Europe by car. Miss Walker, my secretary, is driver and she gets her advice from the other three, Miss Allen, our assistant head dietitian, Mrs. Margeson, our senior laboratory technician, and Miss Morse her assistant. The note we had from Paris said that there was plenty of traffic but they drove out of the city and into the country without getting onto more than one wrong road. We trust that the classes in conversational French which they took last winter are paying off.

* * * *

Dr. Rostocka recently attended a "Week in Medicine" which was sponsored by the postgraduate committee of Dalhousie University Medical School in Halifax. Last year she attended, in Norway, the Congress of the Association of Medical Women. She says that the Halifax course was exceedingly good and, oh well, one cannot go to Europe every year.

By the time this is being read, our tulips should be in bloom and the Apple Blossom Festival will not be far away. During the winter our Maintenance Staff have spent considerable time trimming up our pine groves. We hope that our grounds as usual will continue to be attractive for patients who are strollers and for our visitors and staff. We are grateful to patients and staff who help so much by not discarding papers around the walks and lawns. Perhaps this will be our most attractive summer yet.

* * * *

Congratulations to our Mr. Fred Barrett who, for the past year, has been President of the Canadian Mental Health Association, Nova Scotia Branch, and who has just piloted that organization through its Annual Meeting held at the Cornwallis Inn on April 23 and 24. It is no small task to take on the presidency of a provincial association with all the extra work such a position entails.

* * * *

Our congratulations, too, are extended to Mrs. Hope Mack, our director of nursing, who is completing her second year and final term as President of the Registered Nurses Association of Nova Scotia. She has worked exceedingly hard as President which position has necessitated attendance at many extra meetings. Not only is she completing her second year, but this is the second time she has been elected President: surely a great tribute to her ability and popularity and the esteem in which she is held by her co-workers.

A SMILE

A smile is a fortune —
You can't buy it,
You can't sell it,
You can't steal it,
And it's no good for anyone
Until it's given away.

Pleural Biopsy

by E. W. Crosson, M.D.
Nova Scotia Sanatorium

This is a report of a series of pleural biopsies carried out on eighteen patients at the Nova Scotia Sanatorium.

A biopsy is defined as the examination of tissue removed from a living subject. A pleural biopsy is a procedure which may be carried out as part of the investigation of some lung diseases. Other, and perhaps more familiar, diagnostic tools include x-rays, bronchograms, bronchoscopies and the examination of the sputum for various bacteria and for tumour cells.

The eighteen patients upon whom the biopsies were carried out presented one thing in common, that is, each suffered from a pleural effusion (wet pleurisy), which is an abnormal collection of fluid in the chest cavity. The causes of pleural effusion may be classified simply as: (1) Bacterial, (a) tuberculous (b) nontuberculous; (2) Malignant, (a) primary (b) secondary; (3) Other which may include such conditions as heart failure, fungus diseases and kidney failure.

Method of Performing a Pleural Biopsy:

It is essential that a strict antiseptic technique be used, and therefore, the area selected for entrance into the chest is cleaned with an antiseptic solution, following which it is infiltrated with a local anaesthetic. A small incision about one-half a centimeter long is then made through the skin and a specially designed needle introduced into the pleural cavity. The fluid contained therein is removed. A small piece of parietal pleura, that is, the lining of the chest wall, is obtained by being nipped off by a niche in the side of the needle as it is being withdrawn from the chest. This specimen is then examined by a pathologist.

Pleural Fluid: In this series of cases the amount of fluid obtained varied considerably, and appeared to have no relationship to the underlying or causative disease, and it is this underlying disease which one is trying to uncover. The amount of fluid varied from one-half a litre to 20.5 litre (a litre is approximately 1 quart).

The number of aspirations of fluid also varied: from a single aspiration carried out on four of the patients to one patient undergoing twenty-one aspirations. The fluid aspirated was examined for various bacteria as well as tumour cells.

PATHOLOGICAL DIAGNOSIS: The biopsy specimens were of, course, submitted to a pathologist for examination. In reviewing the resulting diagnosis of the biopsy specimens, it was found that a secondary-type cancer was present in four patients, suspected cancer in one, tuberculosis in two, nonspecific granuloma in two and nonspecific inflammation in four, fibrosis in one, normal tissue in three and in two instances no clear diagnosis could be made because the specimens were not satisfactory. This makes a total of nineteen biopsy specimens, one patient having had two pleural biopsies carried out, of which one was reported as yielding normal tissue, the second reported as a secondary cancer.

PLEURAL BIOPSY AS COMPARED TO THE FINAL DIAGNOSIS: When a final diagnosis was made by all means of investigation, it was then compared to the diagnosis made by means of pleural biopsy. This will be dealt with in the Summary concluding the article.

X-RAY FINDINGS: A chest x-ray of each patient was taken on admission to the Sanatorium and again after the pleural fluid had been removed by aspiration. The second x-ray was taken, of course, to determine if some disease process could be seen to account for the pleural effusion. Of two patients with x-rays showing coin lesions, that is, little rounded lesions over 1 centimeter in diameter, one suffered from secondary cancer of the lungs, the other was associated with tuberculosis plus primary cancer of the lung.

The x-rays of two patients demonstrated multiple nodules of the lungs. One of them had a secondary cancer of both lungs, the primary site being the ovary; the other had a secondary cancer of the lung, the primary site of which was not known.

The x-rays of six patients demonstrated consolidation or pneumonia-like processes of the lung. In one of these no definite diagnosis could be made; another was diagnosed as bronchopneumonia; four had tuberculosis.

Probably the most interesting aspect of the x-ray appearances was that nine patients did not show any evidence of disease of the lung tissue itself. Four of these, however, were finally diagnosed as having tuberculosis, one as having non-

tuberculous pleurisy with effusion; two had primary cancer of the lung; one had a secondary cancer of the lung, and one suffered from rheumatoid arthritis. It is well known that a certain number of patients suffering from this form of arthritis will develop a pleural effusion.

SUMMARY: The purpose in reviewing the records of these eighteen patients who had a pleural effusion and underwent a pleural biopsy was to determine to what extent this procedure was of assistance in diagnosing the underlying disease process.

By comparing the pathological diagnosis of the biopsy specimens to the final diagnosis, it was evident that the biopsy specimens of four patients giving a diagnosis of secondary cancer ended up with a final diagnosis of cancer in all cases, primary lung cancer in one and secondary cancer in three. In the one case of suspected cancer the final diagnosis was confirmatory.

In two cases the biopsy diagnosis was tuberculosis, and this was confirmed in both cases, although one patient suffered as well from primary cancer of the lung. In all then, seven, or thirty-seven per cent, of pleural biopsies correlated well with the final diagnosis. The absolute failures were in three biopsy specimens showing normal tissue. Of this group one was confirmed by other means to have tuberculosis, and two had secondary cancer of the lung. It should be mentioned that on one occasion when the pleural biopsy was reported as negative, it was repeated and a definite diagnosis of secondary cancer was established. Two biopsy specimens were unsatisfactory, and it must therefore, be considered that on these two occasions the procedures were failures. It is of interest, however, to note that in both of these cases the final diagnosis was not one of an extremely serious nature, bronchopneumonia in one instance and a nontuberculous pleurisy with effusion in the other. It is also interesting to note that in the cases of the two biopsy specimens diagnosed as non-specific granuloma, both were later proven to have tuberculosis. Of the four biopsies diagnosed as showing nonspecific inflammation, two patients were shown by other means to have tuberculosis, one to have rheumatoid arthritis, and no diagnosis was made in the other. The one case diagnosed as fibrosis by pleural biopsy also turned out to have pulmonary tuberculosis.

From this study it would appear that biopsy of the pleura is of very considerable diagnostic value in cases presenting with a pleural effusion, in all of whom

it is so necessary to establish the causative factor in order to initiate appropriate treatment.

ASPIRIN IS HOARY WITH AGE

They say there's nothing new under the sun — and after finding that the Hottentots of South Africa have been using aspirin for centuries we're willing to believe it.

Of course they didn't call it aspirin.

It was a man named Dresser who christened it that way in 1899. The Hottentots didn't know that willows contained acetylsalicylic acid either, but what they had found out was that they could concoct a mixture from them which relieved the pains of rheumatism. The North American Indians made up a tasty brew which contained, among other things, juice from the willow, and this was used to reduce fever and ease pain.

Nor were aborigines the only ones to try it out. Hippocrates seems to have had a good working knowledge of the medicinal powers of willow leaves.

A Greek surgeon in the Roman army sometime in the first century B.C. found that a paste of willow ash could be used to remove corns — an important discovery for a man looking after foot soldiers. Later on he saw that he could go quite a bit farther and use it for treating gout.

The fact is that the human race hasn't actually been out of touch with aspirin for ages but the great, big, grand sustained adoption really got under way in 1899—and it's been going from strength to strength ever since.

The way it happened was this: In the employ of I. G. Farben industries at Dusseldorf, Germany, was a young research worker, Felix Hoffman, whose father was crippled and tortured by rheumatoid arthritis. In his search for something to relieve his father's pain the young man found acetylsalicylic acid. It helped his father, so after some laboratory tests he took his results to Henrich Dresser, a man who knew a good thing when he saw it, and who knew how to launch it.

It was he who said the name was too long and involved and coined the name "aspirin", which was somewhat shakily hitched to Spiraea, a family of plants which happen to be a source of acetylsalicylic acid. However, they have no monopoly on it. It can also be extracted from jasmine, madder, wheat, legumes, beech, poplar, olive and willow.

Pages could be written about it but what it all boils down to is that it is the cheapest and most widely used drug on earth. Billions of tablets (literally) are consumed yearly. If the twentieth century has headaches it is not for lack of a hoary old pain killer.

—The Link.

Sir Winston Churchill: A Medical Profile

Reprinted from **MD of Canada**, February, 1965

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The long and vigorous life of Sir Winston Churchill was a tribute to a constitution as tough as the spirit was indomitable. The illness that finally brought the Churchill era to a close after nine crowded decades was his third stroke, suffered after he had survived three heart attacks, no fewer than eight bouts of pneumonia, a number of broken bones.

Winston Leonard Spencer Churchill's medical problems began at birth: he was born two months prematurely on November 30, 1874, during a ball at Blenheim Palace. The onset of labour was so sudden that there was no time to rush his mother, American-born Lady Randolph Churchill, to a bedroom, and the future Prime Minister was born in a cloakroom just off the ballroom.

His adventurous spirit led him into trouble at the age of five: in trying to run away from home on a pony he was thrown and suffered a concussion. Soon afterwards he developed what doctors of the time called a weakness of the chest, a series of respiratory tract disorders resembling asthma. At nine he had his first experience of double pneumonia. His respiratory troubles were responsible for his being sent to Harrow instead of Eton, his father's school; Harrow-on-the-Hill was considered healthier than Eton, which lies in the damp valley of the Thames.

Churchill's high spirits brought him low again at 18, when he fell 30 feet from a tree and lay unconscious for three days. Six years later he fell down a flight of stairs in India and dislocated a shoulder, apparently the same shoulder he pulled in playing polo shortly before he rode in the charge of the 21st Lancers at the battle of Omdurman in 1898, carrying a pistol because he could not manage his sabre.

Churchill survived the early years of his political career and the first world war, in which he served successively as First Lord of the Admiralty, Chancellor of the Duchy of Lancaster, as lieutenant-colonel commanding the Sixth Royal Scots Fusiliers at the front, as a member of Parliament, and as Minister of Munitions, without serious illness or injury.

In 1919 he walked away from an airplane crash in London. Three years later a combination of calamities hit him: he lost his seat in the Commons to a Prohibitionist and his appendix to a surgeon's scalpel. He had fought the latter half of the campaign while ill with appendicitis complicated by gastroenteritis. Afterwards he noted wryly that

he was left without an office, without a seat, without a party, and without an appendix. Soon after he was returned to Parliament a member hurled a book at him to emphasize the need for decorum, hit Churchill a severe blow in the face.

At the age of 54 he suffered an attack of tonsillitis; three years later, in New York on a lecture tour, he looked to the right instead of the left before crossing the street, was felled by a taxi moving at 35 miles an hour. Despite some broken bones, a bruised nose and a wrenched back, he was out of the hospital in a few days. Said he: "I do not understand why I was not broken like an egg shell or squashed like a gooseberry". Heavily taped up and in pain, he kept his lecture commitments.

During World War II his pulmonary ailments came back to plague him: during a visit to the North African battlefronts in 1943 he came down with a severe attack of pneumonia; a year later he suffered another attack.

In 1947 he underwent an operation for hernia. In 1951, as Prime Minister for the second time at the age of 76, he suffered his first stroke, from which he recovered without difficulty. On June 27, 1953 he had a more serious stroke which left his left side paralyzed. A wellwisher sent him an elaborately gadget-laden wheelchair; Churchill delighted in it until it occurred to him that it was unseemly for a prime minister to be chair-ridden. He forced his muscles to work until he could get his hand to his mouth, thereafter conquered the paralysis entirely.

Churchill's lungs betrayed him again in 1958 when he suffered an attack of pleurisy and pneumonia during a Riviera vacation. In 1960 he broke a bone in his back in a fall at his London home, two years later slipped and fell while getting out of bed in Monte Carlo, fracturing his left femur. A French surgeon set the bone and put his left leg in a cast; back in England surgeons at Middlesex Hospital inserted a pin in the fracture.

Since his retirement from the House of Commons last July, Sir Winston complained frequently of the cold; hot baths were prescribed to improve his circulation. His appearance at the window of his London home last November was the last time his countrymen saw him make his most dauntlessly Churchillian gesture, the V for victory sign that cheered the free world through a perilous war.

He suffered his last cerebral vascular accident on January 15, lingered in a coma until January 24 when the gallant fight was

ended and Sir Winston Churchill passed quietly from a deep sleep into the eternity of history.

30 Years Ago

May 1935. **Health Rays** was a thriving 16 year-old, a bit larger than it is today, when soaring printing costs have made a cut-down necessary, but otherwise not too different. Then, as now, it endeavored to dispense news, knowledge and entertainment for its readers.

Let's see who was the editor then. Wouldn't you know! Eileen E. MacKay B.A., that chronic popper-upper on the **Health Rays'** masthead. 1935 (two years before the "Hiltz" was added) was her first stint in the editorial chair, and we find she then had the knack of prying interesting original material out of her friends.

What were the experts writing about? In No. 1 place is an article entitled: "The Childhood Type of Tuberculosis", and here's how they regarded it in 1935: "The term 'childhood type of tuberculosis' has been introduced into medical parlance only within the last five or six years. Previously the condition was known as hilum tuberculosis, pretuberculosis, or epituberculosis. It is a definite disease entity and not necessarily a disease of childhood. The first infection usually occurs in early life and leaves its mark at that period. If, however, one escapes the infection and receives it in adult life, then the adult may have the childhood type of tuberculosis". Perhaps before long we can persuade one of our physicians to discuss the understanding and treatment of this type of tuberculosis at the present time.

A second article was about "The Great Quintet", and it introduced them this way: "Among the army of builders who have contributed to our present day knowledge of this scourge (tuberculosis), five names lead all the rest". The five great men were Laennec, inventor of the stethoscope; Knoch, discover of the germ which causes tuberculosis; Roentgen, who made the first x-ray; Von Pirquet, who developed the skin test method of diagnosis; and Trudeau, the first exponent of rest in the treatment of tuberculosis, and father of the sanatorium movement on this continent. Those were the great names of the early days. It would be interesting to have the list brought up to date in the light of discoveries and advances of the present day. Another project for a future issue maybe.

"San Celebrity" was a feature of **Health Rays** at that time, a short-lived series of biography character sketches of well-known San. personalities of the time. They were written by Don Leslie, who in spite of increasing illness, wrote and talked so brilliantly that we have no doubt that could his life have been saved his name would rank high among the writers of today. "Born 30 years too soon", that quip used to contrast the "good old days" with modern times, might surely apply to Don, who without the benefit of today's advanced treatment, lost his battle with tuberculosis at the age of 24. The San Celebrity celebrated in the May 1935 issue was Alfred C. Milner, then one of the popular "men around the San", now a prominent lawyer and magistrate in Amherst and honorary-treasurer of the Canadian Tuberculosis Association.

Before TV. happened, radio and "live" shows provided the entertainment. In this issue of **Health Rays** there is an account of two "Amateur Hours" staged by the patients in regulation Major Bowes style, gong and all. Many facets of the musical arts were demonstrated, from a one-man band, a song in Gaelic, to an imitation of Helen Kane, the "Boop-boopadoop" girl, by Austin Amirault, now a serious member of the business office staff. The reporter wrote: "The participants, at least, had an enjoyable time", and as one of them, we can vouch for that.

The good old days! Ads were offering: chocolate bars, all kinds, for 5 cents each; men's shirts were \$1.35 and \$1.75, with socks for 30, 40, and 50 cents; and 30 cents was a very good price for toothpaste.

From the joke department: The minister had just married an elderly and rather dour Scot to a woman considerably younger, and after the ceremony he remarked to the bridegroom: "Well, Mr. MacPherson, you'll be going on a honeymoon now, I suppose?"

"Honeymoon?" echoed Mac. "What's that?"

"Oh, you know," laughed the clergyman, "A little trip somewhere together before you settle down in married life."

The bridegroom shook his head morosely: "A na!" he said. "I dinna hold wi' gallivantin' about wi' a strange woman."

Emphysema No. 1 Lung Killer

By **JOAN HOLLOBON**
Globe and Mail, Toronto

WINNIPEG—Emphysema is the No. 1 crippling and killing lung disease of older men today, with lung cancer second on the list, Dr. W. R. Barclay of the University of Chicago said yesterday.

Dr. Barclay is a native of British Columbia and a medical graduate of the University of Alberta, formerly in the Department of National Health and Welfare. He addressed the annual meeting of the College of General Practice of Canada on Emphysema and Tuberculosis.

Emphysema is a lung disease which causes a distension of the air spaces so that they lose their elasticity and fail to take in oxygen or expel carbon dioxide adequately. It affects men more than women, usually begins after 50, although it can start in the 40's, and is almost always associated with smoking.

A minority of non-smokers have emphysema, but these patients are really in a different category, with inherited lung weaknesses, Dr. Barclay explained in interview.

"This is primarily a smoker's disease. The severity of the disease and the incidence is related to the number of cigarettes smoked and the duration of smoking—people who started smoking in their teens get emphysema more severely and they get it earlier," he said.

Air pollution is the second most important contributory cause and after that comes repeated chest infections.

In high density housing areas of working class people a survey shows emphysema present in 25 per cent of older men, said Dr. Barclay. These men live in polluted city air, they work in industrial pollution of one kind or another and they take public transportation where they are constantly subject to colds and respiratory infections.

Emphysema is a social and economic problem because it affects men over 50, when most breadwinners have educated their children, paid for their homes and are hoping to get a nest egg together for their old age. Instead, they are incapacitated, what money they have is dissipated in medical costs and their wives often have to work.

"They can't golf, they can't work, they can't eat with any enjoyment, their doctor tells them they can't smoke and almost always they become sexually impotent," he said. Often, they go broke and society has to pick up the bill for treatment or even put them on welfare for

part of their remaining 10 or 12 years of life.

The earlier emphysema is diagnosed the better the chance of stopping the progression of the disease, and the most important step in achieving this is to stop the patient smoking.

Dr. Barclay suggested that four-point program to reduce incidence of the disease:

—Cigaret advertising should not link smoking with sophistication, financial success and attainment of maturity:

—Air pollution should be seriously tackled with more research into industrial toxins:

—Doctors should be educated into treating respiratory infections more seriously. People with bad colds should stay at home to prevent spreading infections to others and to prevent lung damages which can pave the way for emphysematous changes:

—School health education should emphasize public health aspects more than anatomy and physiology.

Dr. Barclay suggested that teaching of the names of bones and organs is not as important, as teaching youngsters about health hazards—smoking, alcohol, tuberculosis and for girls, the symptoms of cancer in breast and uterus.

APPOINTED TO NEW POST

Dr. G. J. Wherrett, formerly executive secretary of the Canadian Tuberculosis Association, has been appointed Tuberculosis Consultant to the Medical Services Division of the Department of National Health and Welfare.

Dr. Wherrett is consultant to the division as a whole but is to give special attention to the Eastern Zone which includes the Maritime provinces, Quebec, Ontario and Eastern Arctic.

Dr. Wherrett, who has visited the Sanatorium on numerous occasions as executive secretary of the Canadian Tuberculosis Association, was here on April 26, in company with Dr. Lloyd Hirtle, director of the Atlantic provinces offices of the Department of National Health and Welfare. They discussed the tuberculosis situation among the Indian population, approximately 3000 persons, of the Indian reserves in Nova Scotia.

The New Outlook In Tuberculosis

By Dr. R. W. Kirby, Medical Director,
Prince Albert Sanatorium

The press with glowing reports of rapidly declining death rates all over the world, has created new hope for those stricken with tuberculosis. Patients coming under treatment soon have a marked relief of symptoms following the administration of the "wonder drugs" now in universal use. After six weeks or so, those troublesome symptoms appear to fade and we find our sick patient sitting up on the side of the bed and indulging in a little alteration to the hair do or some other simple evidence that she or he has renewed interest in the niceties of life. Time goes on and we soon see our patient chafing at the bit about exercise. This is a natural progress of events and just goes to prove that we are human. That indefinable feeling of well-being has returned and our patient becomes restive and wants to get going.

This is the point at which sound advice and good judgement must come in. To you, the unwary traveller along the tuberculosis highway, take heed. There are danger signals just as important as those on the regular highway. Failure to observe them leads inevitably into accidents that can be just as disastrous as poor judgement behind the wheel.

Many years ago, Trudeau, Baldwin, Kinghorn and Brown laid down the principles for the cure of tuberculosis. They knew by bitter personal experience that prolonged rest in bed was the true and certain course to follow. Bed rest and more bed rest was the theme running throughout their advice to the patients under their care. Never was better advice given.

True, the drugs work miracles in most cases, but they are not the final curative measure. You must have bed rest of sufficient length as the main supportive measure. Tuberculosis is a systematic disease with pulmonary manifestations in the greater number of people in immunized races. Remember, you have to breathe to live. Your lungs move to breathe, yet healing has to take place in them. Breathing at rest is less frequent than when you are up and around. Your pulse rate is lower when you are reclining than when you sit or stand.

Your doctor has several guides on your chart which indicate when your time has arrived to begin chair exercise and ambulant routine. Rest is an essential part of your routine. Without adequate rest you do not heal. What is more important, your lesion even progresses and you find

yourself in the unfortunate position of being classified a chronic case. The positive sputum persists, and you are faced with prolonged sanatorium care. **Surgery** does not, unfortunately, correct all these cases.

Around an institution you can always find a group of patients in the chronic positive class. We are always hopeful that some drug combination will render them negative and safe to be at home, but to date no panacea has been found.

The moral to this is; take adequate bed rest when you first come in. Give nature and drugs every assistance you can. You have one of the most seriously debilitating and dangerous diseases known to man.

New hopes and new horizons have opened to the tuberculosis sick with the advent of chemotherapy. One word of caution, "beware the pitfall of inadequate bed rest". Rest is just as essential now as it was when first prescribed by Trudeau.

—Valley Echo.

YOU NEVER CAN TELL

You never can tell when you send a word

Like an arrow shot from a bow

By an archer blind, be it cruel or kind,

Just where it may chance to go.

It may pierce the breast of your dearest friend,

Tipped with its poison or balm,

To a stranger's heart in life's great mart

It may carry its pain or its calm.

You never can tell when you do an act

Just what the result will be,

But with every deed you are sowing a seed,

Though the harvest you may not see.

Each kindly act is an acorn dropped

In God's productive soil;

You may not know, but the tree shall grow

With shelter for those who toil.

You never can tell what your thoughts will do

In bringing you hate or love,

For thoughts are things, and their airy wings

Are swifter than carrier doves.

They follow the law of the universe—

Each thing must create its kind,

And they speed o'er the track to bring you back

Whatever went out from your mind.

—Ella Wheeler Wilcox.

HEALTH RAYS

VOL. 46

MAY

No. 5

STAFF

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EDITORIAL COMMENT

A while ago it was suggested to us that we take a look back into the past, that a column telling of San. life 25 and 30 years ago would make interesting reading. To this end we dug the 1935 volume of **Health Rays** from the archives and went skimming through its pages on a nostalgic journey. It was astonishing how clearly so many of the people and events of 30 years ago came back. Such grand people they were, and what fun we had! Oh, they were the good old days, and no mistake.

When the warm glow of happy memories began to fade, others, less pleasant, crept into the picture. Were they all that good, those good old days? What of cherished friends, like the one mentioned in this month's "30 Year Ago", who did not make it back to health? Would their story have been different had they lived today to benefit by the new drugs and other advances in the treatment of tuberculosis?

True, we made our own fun—and it was fun—but because there was no one to do it for us. There was no Rehab. department in those days, with its interesting and useful crafts, and there was no teaching staff. If your schooling was interrupted by coming to the San., it just stayed that way until you either did or didn't pick it up again when you were well. And with "the cure" a drawn-out procedure, it was not so easy to take up where you left off years before.

Then there was always that one day in the month which the most cheerful could not call good. It was the day the nurse quietly laid a little slip of paper on your table, and you knew that somehow, from somewhere, you had to raise

the money to pay for another month's stay at the Sanatorium. In this context we reprint, without comment, a letter taken from the correspondence files of that time. It was written by Dr. Miller, then Medical Superintendent, to the husband of a woman in need of Sanatorium treatment, as follows: "I am enclosing herewith forms to be completed and returned to us for the admission of your wife to this institution. As you will note the rates for infirmary care are \$8.50 per week, pavilion treatment \$7.00 per week. Other charges are for x-ray, admission films \$5.00, re-examination films, when necessary, \$2.50; gauze and laundry average about \$1.00 a month.

"As soon as the security form is completed will you mail it to us, and we will then notify you as soon as there is a place for your wife at the sanatorium. I may say it will probably be two weeks or more before we can send for her, as there are a number of women's names ahead of hers on our waiting list."

The good old days! No wonder we remember them with a smile—and a tear.

We are grateful to Dr. Crosson for the article on Pleural Biopsy, a procedure undertaken to assist in the diagnosis of a chest condition found in certain patients admitted to the Sanatorium. It gives an insight into the exhaustive program carried out by the medical staff to arrive at a true diagnosis of the underlying disease.

The article as it appears in this issue is an abridged and somewhat simplified version of a paper presented by Dr. Crosson at a meeting of the Nova Scotia Institute of Science in March.

So much has been written and spoken of Sir Winston Churchill in recent months that we felt there was nothing new that could be said. There was, however, and the medical news-magazine, **MD of Canada**, did so in a feature article, "Sir Winston Churchill: A Medical Profile", which appeared in their February 1965 issue. We applied for permission to reprint this exceptional study of the great man, feeling it would be of deep interest to our readers, so many of whom are involved with personal problems of health. We are grateful to the editor of **MD of Canada**, Felix Marti-Ibanez, M.D., for his gracious consent to our request.

For the "Chaplain's Corner" this month we give our faithful clergy a holiday, and use excerpts from the review of a currently popular book which is stirring much controversy in and out of the churches. The review is rather too long to reprint in its entirety, and since the reviewer happens to be the sister of **Health Rays'** editor (and lives a good safe 2000 miles away) we felt we could take the liberty of cutting it to fit our space.

We hope our readers will overlook an understandable bias, but it is our feeling that this review is the most sincere and spiritual of the many we have read on the same subject. We also hope that when the reviewer recovers from the shock of finding herself in the "Chaplain's Corner", she will be able to forgive her fine review having been hacked and shortened in this unconscionable manner.

COURTESY

Courtesy can be defined as politeness in doing and saying the kindest things in the kindest way. Politeness and courtesy are absolutely necessary.

The scholar without courteousness is a boor; the philosopher, a cynic; the soldier, a brute; an ordinary man, disagreeable.—Anon.

April Card Party

On April 27 a well-attended card party was held in the Conference room. The party was sponsored by the Dorcas Society of the Kentville Baptist church, who provided the delicious refreshments and many prizes.

The party was well looked after by a patients' committee consisting of Frances Manuel, Mary Wadden and Marita Wellwood. Mrs. Mary MacKinnon was on hand to represent the Rehab. department of the Sanatorium.

The usual varieties of games were played, and the prizes were awarded as follows: Bridge: ladies, Mabel Moseley; gents, Clairemont Jones. Forty-fives: ladies first, Frances Manuel; ladies consolation, Bessie Lynch; gents high, Curtis Gaul; gents consolation, George Crowe. Cribbage: high, Vincent Simms; consolation, Julia Jackson. Chinese checkers: Jim MacMichael. Crokinole: Marita Wellwood. Extra prizes were also given, and were won by Gertrude Clarke with the "lucky" chair, Curtis Gaul as the "oldest" patient attending the party, and two birthday prizes, won by Mabel Moseley and Earle MacIsaac.

Miss Eleanor Longley, president of the Dorcas Society, presented the prizes. The Dorcas ladies attending the party were warmly thanked on behalf of the players by Mabel Moseley.

Bible Discussion Groups Held

Pre-Easter discussion groups directed by Rev. J. G. Groen, pastor of the Christian Reformed church, Kentville, were held in the Conference room on March 22 and April 12. The subject considered was "Daily Problems in the Light of the Bible", and the patients were invited to participate. Three couples from the congregation were present as well as Rev. Mr. Groen, and at the conclusion of the meetings refreshments were served.

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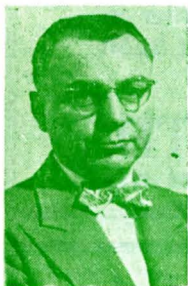
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Question Box

Dr. J. J. Quinlan



Q. Does the tubercle bacillus always attack the lungs first and then spread the infection to other organs, or can the original infection occur in some other organ than the lungs?

A. In over 90% of the cases, the first infection by the human tubercle bacillus is in

the lungs. Another portal of entry is the gastrointestinal tract, in which cases the germs are swallowed in food. The tubercle bacillus can also be introduced into the body by infection of the throat, resulting in tuberculosis of the neck glands, a type of the disease that we are seeing far more frequently than we did 20 years ago.

Q. How far will a Tb. germ reach when expelled by a careless person who does not cover the mouth when coughing or sneezing?

A. It has been estimated that tubercle bacilli can be ejected to a distance of about 20 ft. by a strong cough. Also it must be remembered that under favorable circumstances these tubercle bacilli can remain alive in dust and capable of causing infection for a considerable period after they are coughed out into the atmosphere.

Q. How soon after infection occurs does the tuberculin test become positive?

A. The time interval between infection with the tubercle bacillus and the development of the positive tuberculin test will depend on such factors as the number of germs causing the infection, the virulence of these germs, and on the age, race, and heredity of the individual. A positive reaction may occur in as little as three weeks, or the interval may be measured in months. In most individuals, the test becomes positive within four to eight weeks of infection.

Q. Does the tuberculin test determine whether the body has resistance against tuberculosis?

A. The tuberculin reaction is an index of hypersensitivity to the product of the tubercle bacillus. It tells us that the individual has been infected and indicates the need for further investigation to determine whether the infec-

tion is active or inactive. However, this infection, particularly when there is no evidence of active disease, initiates a degree of immunity, so that there is an indirect relationship between the positive tuberculin test and acquired immunity. It has been shown that in large numbers of young adults who have occupational contact with open tuberculosis, such as nurses and medical students, the attack rate, or the number of people developing tuberculosis, was three times greater in the tuberculin negative group than in the tuberculin positive.

Q. Exactly what is meant by a "stable x-ray"?

A. This term infers that the disease within the lung is showing little or no change in repeated x-ray examinations of the chest. It has no bearing on the stage of the disease, which in some cases may have been inactive for many years, but in a patient undergoing treatment may be still very active and open. Probably, we use the term most commonly when determining the proper time of surgical operations. Such procedures as pulmonary resection are not carried out except in an emergency when the patient's disease is showing evidence of extension by x-ray. On the other hand, if improvement is occurring, surgery may never be necessary. It is the person with the "stable" x-ray, but with still active disease who requires surgery.

They say the world is round and yet
I often think it's square
So many little hurts we get
From corners here and there
But there's one truth in life I've found
While journeying East and West
The only folks we really wound
Are those we love the best
We flatter those we scarcely know
We please the fleeting guest
And deal full many a thotless blow
To those we love the best.

—Unknown

Never miss an opportunity to make other people happy, even if you have to leave them alone to do it.

When the going seems easy, check to make sure you are not going downhill.

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Chaplain's Corner

The following is a portion of a review taken from **The Northland**, a quarterly published by the Diocese of Monson, Anglican Church of Canada, written by the editor, Olive MacKay Petersen. The book under consideration is the very controversial **The Comfortable Pew** by Pierre Berton.

Some of Pierre Berton's most fiery blasts are directed at intolerance; and of course he delivers them, in his turn, with a splendid disregard for anything resembling tolerance. One even gets the impression that the atheists, the alcoholics, the perverts are not only people who need help, they are the "good guys" *per se*, just as the sober, the chaste, the church-goings are the "bad guys" — because they are all hypocrites. The chiefest of the bad guys (you may not believe this!) is Dr. Norman Vincent Peale. Many have testified to the saving grace of Dr. Peale's preaching, but when Mr. Berton dons his shining armor the eminent clergyman's cult becomes a "blasphemy". In Mr. Berton's world all clergymen preach sermons that are deadly dull — at least so long as they do not choose political or sociological topics. He charges that the sermons of today (not even "some sermons") tend to be "spiritless, irrelevant, dull, and badly delivered", "with a total failure of communication", adding piously, "let it be remembered that the founder of the Christian faith was a master of communication . . . the parables of Jesus were directed specifically to a semi-tropical desert-nation of herdsmen, peasants and fisherfolk, many of them slaves, all of them living under the yoke of a military conqueror whom they had no hope of overthrowing." Surely it should not be news to Mr. Berton that Our Lord made no mention of overthrowing the conquerors, and that the Jews who heard Him preach might well be pictured as wondering at the irrelevancy of His message and asking themselves why he talked about birds and lilies instead of about throwing the Romans out of the country. The sermons of St. Peter and Paul must have seemed equally irrelevant to the slaves of that day, since they advised them to be obedient to their masters.

For dogma or doctrine **The Comfortable Pew** has no use whatsoever. (Dogma is a body of doctrine formally stated, and Webster's Dictionary also uses it as a synonym for doctrine.) Submitting the question, "is it possible to have faith without dogma?" Mr. Berton gives the answer, "I should think that in the late twentieth century it would be almost impossible to have faith **with** dogma." Surely this almost naive point of view ignores the fact that in the human soul there has always been such an unquench-

able yearning to probe the mysteries of the universe that men and women have gone to the stake and the rack as an evidence of that longing. If Mr. Berton can believe that a need for doctrinal beliefs is not deeply implicit in the human mind and soul, then surely it is he rather than the Church that is (as he accuses the Church of doing) emulating the ostrich with its head in the sand. So little understanding has he of this doctrinal need that, in the one paragraph in which he mentions the movement toward Church unity (other than to explain that he does not intend to go into the question) he actually makes the amazing statement, "my own observation and opinion is that, in the matter of Church unity, it is only class difference rather than basic doctrinal difference that frustrate an ecumenical solution to Church fragmentation."

Mr. Berton reviews evidences of a "religious revival" that is taking place nearly everywhere on the Continent, but adds that the Church's influence seems to be waning. He discusses a number of substitutes that might attract greater numbers of worshippers than the traditional form of service does, with its sermon and, to a certain degree, liturgy. Among the substitutes that he suggests (along with the scrapping of all relics of its sober Puritan past) are: mass media means of communication such as TV and radio programs in place of a sermon; panel discussions; study groups; religious plays; a jazz orchestra featuring a saxophone, a clarinet, and drums; folk-singing. Even while one may not actively oppose any of these suggestions, or may even look upon them favourably, is it being unrealistic to ask with genuine concern if there is any great likelihood that they would attract or hold any greater numbers of worshippers from their comfortable morning snoozes, their Sunday editions, their long weekends at the lake, or their TV sets at home?

Finally, are we not compelled to ask ourselves if there is not a strong possibility that it is not altogether any form of church service that is at fault, but that a large segment of our population does not really want much contact with any religious forms—never has, never will? Is there a strong possibility that original sin is with us — always has been, always will be? Could it be that all men were indeed "conceived and born in sin"?

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Old Timers

Everybody has his pet "sign of Spring". It may be the first robin; it may be hearing frogs. Yrs. Truly rather likes to wait until she sees people washing the outside of their windows. The average house wife isn't going to be fooled into doing that chore until she's sure. We rather suspect Anne Marie counts it a good sign when more Old Timers start dropping around for visits and check-ups. This year she wasn't in such a good position to see all our spring callers, having had to leave her welcoming desk in Medical Section to take over for Joan Walker as secretary to the Medical Superintendent while Joan was on a two month jaunt abroad—as noted in The Cracker Barrel. But as always Anne Marie came through with a sheaf of notes.

It seems appropriate in the issue which sees the start of "30 Years Ago", (1935) we have quite a bit of news about Old Timers of that era. The news came to us from Alberta Pearson Armstrong, herself a 1935-er, when she was in for a week's review in April. Alberta seemed so little

was reported to be looking extremely well, we were happy to hear.

A clipping from the Kentville Advertiser tells us of a birthday party for Mrs. Louisa Kaulback on April 12. "Granny" Kaulback, as we fondly think of her, was 92 on that date, and had been a San. patient in 1958.

Marjorie Conley, a 1951 Old Timer, dropped in for a visit. She works as receptionist for Dr. Little in Truro, and on occasions does specializing at the hospital there as well. Our report said she was looking well, and so smart! She says she sees Anne Morton, who was here in 1946, and it made us feel a little old when she said that the baby daughter born here, and also named Anne, is now taking a business course in Truro. Marjorie also mentioned Joyce Hayward, whom she often meets on the street in Truro.

Another welcome visitor last month was Pat Comeau, who had been here in 1959. Pat is feeling and looking fine, and keeps as busy as he likes in his own barber shop at Saulnierville, Digby Co.

Dora Dauphinee Murphy came in for her regular check-up. She said she was feeling great, and she certainly looked like a million. Dora, who was here in 1955, lives in neighboring Port Williams, where her husband has a grocery shop. Anne Marie says Dora is always a welcome visitor, but when she brings those home-made pickles!!!

A note came with her renewal from Margaret Ferguson of Sydney. In it she asked to be remembered to "the M.D.'s and R.N.'s whom I shall never forget". She sent greetings also to Marguerite MacNamara. She was a San. patient in 1955.

During a visit to the Nova Scotia Tuberculosis Association building in Halifax we renewed acquaintance with Mrs. June Hingley Robertson. She was here in 1947, and is now office manager with the N.S.T.A.

In the April 26 Chronicle-Herald we were pleased to see the picture of one of our Old Timers, Lorne Marsman, who had gone home last year. Lorne was shown with the three other members of a panel discussion entitled "Preparing for the World of Work" at a seminar by the same name, held in Truro and sponsored by the Bi-Racial Committee of Truro. Lorne, we might say, looked like a young edition of Harry Belafonte.

We will close with a letter which came to Anne Marie from a good San. friend

THIS HALF PAGE IS WITH THE
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changed from those good old days, that it did one's heart good to see her. She tells us she has been working in the Income Tax office, Halifax, for the past twenty years, or ever since she was able to go back to work.

Alberta gave us news of some other 1935 Old Timers whom she sees in Halifax. Margaret Milbury, for instance, who has been with the Maritime Tel. and Tel. Co. for many years. Alberta Vidito, now Mrs. Learmouth, is well and busy as a housewife in Halifax. She has two children. Ivy Rout Murphy has been for some years the paymistress for E.M.I. Cossar, Woodlawn, Dartmouth. And Alberta mentioned seeing Reg. Harlow, who also works in Halifax. If our recollection doesn't fool us, Reg. was one of the bridge experts of the 1935 era—along with Pat McEvoy, Alf. Milner, Bill Steadman, and so on.

Sister Calixtus, who was here in 1945, came visiting on her way from Halifax back to Meteghan, Digby Co., where she now lives at the Sacred Heart convent. Sister Calixtus, who is a Sister of Charity,

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and former member of the nursing staff, Miss Marian Clifford, who has retired and now lives at Tiverton, Digby Co. She writes: "I am enjoying myself, but at present I am in a mess. Have a carpenter here putting tile down on five rooms. Will be nice when finished, but I feel full of dust. Expect to go on a little trip after I get the dust out of my hair". Miss Clifford enclosed a letter from another former San. nurse, Evelyn Hoyt, who was here 1936-38. Since then she has roamed afar—Northern Ontario, Edmonton, Victoria, B.C., to name a few places she worked. She writes from Pictou, her old hometown. Miss Hoyt remembers warmly her many San. friends, and makes a point of looking them up whenever she has the opportunity. In North Bay, Ontario, for instance, she speaks of Mrs. Earl Craig, whom the nineteen-thirties Old Timers knew as Proc. Woodworth, a stalwart of the nursing staff in those days. "Proc" has been married and living in North Bay since 1947.

THE MAKING OF FRIENDS

If nobody smiled and nobody cheered
And nobody helped us along,
If each, every minute looked after herself
And the good things all went to the
strong;

If nobody cared just a little for you,
And nobody thought about me
And we stood all alone in the battle of
life,
What a dreary old world this would be.

Life is sweet just because of friends we
have made,
And the things which in common we
share,
We want to live on, not because of our
selves

But because of the people who care;
It's giving and doing for somebody else—
ON THAT all life's splendor depends,
And the joy of the world
When its all added up,
Is found in the making of friends.

—Wilda Marcotte, C.N.A.
N. S. Sanatorium

TESTS

When a tuberculosis patient is being treated properly, samples of the germs that cause his disease are regularly tested to see how they respond to TB drugs. Increasingly the disappointing reports are coming from the labs: "Resistant to one or more drugs."

To the patient this means "You have less chance of getting well."

To the nation this means "The chances of eliminating TB have dropped another notch."

NURSING NEWS

Seven Nurses from Dalhousie University, School of Nursing are spending three weeks on field work at the Sanatorium. These are Nurses who have completed one year in Public Health and will be joining the Nursing Staff of the Dept. of Public Health.

Miss Lee Bagnell, R.N., Toronto General Hospital; Mrs. Marie Collier, R.N., St. John General Hospital; Miss Marie Hagel, R.N., St. Michael's Hospital, Lethbridge, Alta.; Mrs. E. F. Lalo, R.N., St. Rita's Hospital, Sydney; Mrs. Joyce MacLean, R.N., Ottawa Civic Hospital; Mrs. Roberta Smith, R.N., Yarmouth Regional Hospital; Mrs. Frances Smith, R.N., Children's Hospital, Man.; Mrs. Joan Misener, R.N. we regret has resigned to accompany her husband to the United States. We hope she will return to us in the fall.

Miss Ann MacLellan and Miss Helen White, Certified Nursing Assistants have resigned and returned to their homes.

Mrs. Lillian Acker, Housemother in the Dormitory since 1956 has resigned to take a position at Acadia University. Our best wishes go with her.

All members of nursing staff are attending Doctor's lectures as given to affiliate student nurses as a Refresher in Tuberculosis. This will be accomplished over several months. The lectures are repeated every four weeks.

The Valley Branch, R.N.A.N.S. held its regular meeting at the Legion Hall in Berwick on April 21st.

The Valley Branch, Certified Nursing Assistants Association meet in the Conference Room at the Sanatorium on May 4th.

"FRIENDS"

A song to sing and a crust to share
With a friend or two—
A smile to give and a grief to bear
With a friend or two.
A road to walk and a goal to win
A little nook to find comfort in
The gladdest hours that we know, begin
With a friend or two.

—Selected

This is the story of the little bee,
Whose sex is very hard to see.
You cannot tell the She from He,
But he can tell, and so can she.

The bee's a very busy soul,
And has no time for birth control.
And that is why in times like these,
There are so many Sons of B's.

—Contributed by one of our R.N.'s

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Marilyn Gordon MacLeod, Whycocomagh, Inv. Co.; Donald Arthur Sangster, 13 Brule St., Dartmouth; Mrs. Lillian Agnes Card, Centre Burlington, R.R. #1, Hants Co.; Arthur Millett Abbott, 758 Prince St., Sydney; James Victor Jefferson, Torbrook, Anna. Co.; Basil John Doucette, Melbourne, R.R. #1, Arcadia, Yar. Co.; Mrs. Mary Madeline Rogerson, 67 Pleasant St., Yarmouth; Thomas Middleton, 23 Victoria Road Extension, Dartmouth; Joseph Alfred Gaudet, Belliveau's Cove, Digby Co.; Mrs. Lillian Madalyn MacMillan, 34 Lakefront Rd., Dartmouth; Emery Lester Langille, R.R. #3, River John, Pictou Co.; Manuel Noal Miranda, Furness Withy Co., Halifax; Mrs. Grace Viola Wagner, Bear River, R.R. #2, Anna. Co.; LeRoy David Esau, Wentworth Sta., Cumb. Co.; Michael Joseph Campbell, Jr., East Broadway, R.R. #2, C.B.; Loretta Claire Keefe, South St., Halifax; Percy Boggs Patriquin, Wentworth Sta., Cumb. Co.; John Andrew Googoo, Whycocomagh, Inv. Co.; Ernest Alden Forsythe, R.R. #2, Berwick, Kings Co.; Delmar George Bernard, P.O. Box 36, Wallace, Cumb. Co.; Mrs. Winnifred Marie Anderson, R.R. #3, Kentville; John Edward Pierce, Three Mile Plains, Hants Co.; Mrs. Elizabeth Lorraine Mitchell, 30 Purcell's Cove, Armadale, Halifax Co.; Mrs. Dorothy Amelia Foote; R.R. #3, Centreville, Kings Co.; Ralph William Hill, Havelock, R.R. #2, Weymouth; Mrs. Barbara Joyce Bishop, 470 Aldershot Rd., Kentville; Mrs. Alberta May Armstrong, 2089 Beech St., Halifax; Mrs. Margaret Louise Oyler, 6 Oakdene Ave., Kentville; Mrs. Mildred Hortense Romaine, 422 Main St., Yarmouth; Cecile Marie Amirault, 23 Collins St., Yarmouth; Stanley Clifford Jackson, P.O. Box 422, Shelburne; Byron Paul, Morse, South Williamson, R.R. #4, Lawrencetown; Alexander Stewart, Jr., 74 Brunswick St., Truro; Millard Foster Spence, Spencer's Island, Cumb. Co.; Miss Stella Florence Jennings, 94 Commercial St., Dartmouth; Joseph Albert Desmond, Upper Big Tracadie, Guys. Co.

Nova Scotia Sanatorium

Discharges, March 15 to April 15:

Burrell Samuel Acker, Bridgetown, Shel. Co.; Agnes May Brown, Bridgetown, Anna. Co.; Evariste Edmund d'Entremont, Lower West Pubnico, Yar. Co.; Melvin Charles MacNeil, 41 Roaches Road, New Waterford, C. B.; Noel Stevens, Nyanza, Victoria Co.; Ernest Albert Jordan, Jordanville, Guys. Co.; Mrs. Myrtle Graham, Chester Basin, Lunen. Co.; Mrs. Sarah Ann Clara

Graves, 41 Tupper Rd., Kentville; Richard Granville Patterson, P.O. Box 12, Bedford, Hfx. Co.; Cranswick Golar, West Brooklyn Mt., R.R. #3, Wolfville; Lindsay Johnson Hiltz, First Peninsula, R.R. #3, Lunen. Co.; Lyman Joseph LeBlanc, St. Bernard, R.R. #1, Weymouth; Hugh Bernard MacLellan, 152 Hawthorne St., Antigonish; Perry Malcolm Kelly, Wallbrook, R.R. #3, Wolfville; Mrs. Orla June Wegger, 106 St. Margaret's Bay Rd., Armadale, Hfx. Co.; Harvey Robert Works, Evansville, Pictou Co.; Walter Eldridge Sproule, Aylesford, Kings Co.; Joseph Albert Gaudet, Belliveau's Cove, R.R. #1, Weymouth; Harold James Croft, 187 McKittrick Rd., Kentville; Delmar George Bernard, P.O. Box 36, Wallace, Cumb. Co.; Mrs. Dorothy Amelia Foote, R.R. #3, Centreville, Kings Co.; Jean Baptiste d'Entremont, Middle West Pubnico, Yar. Co.; Earl Germain Fraser, Tracadie, Antigonish Co.; Mrs. Mary Ann Brennan, Mulgrave, Guys. Co.; Ralph Brittain Lohnes, Box 354, Digby Co.; Eldridge Holland Ramey, Buckfield, Queens Co.; James Victor Jefferson, Torbrook, Wilmot, R.R. #2, Anna. Co.; Gerald Cameron Livingstone, Canso, Guys. Co.; John Edward Haight, North Range, R. R. #1, Barton, Digby Co.; Charles Floyd Cosman, North Range, R.R. #1, Barton; Mrs. Daisy Belle Mullen, Havelock, Digby Co.; Mark George Mullen, Havelock, Digby Co.; Jeffery Marlowe Mullen, Havelock, Digby Co.; Mrs. Rita May MacIntyre, 47 Ball St., Glace Bay; Edith Norma Douglas, Tidnish, R.R. #1, Cumb. Co.

Point Edward Hospital.

Admissions, March 16 to April 15:

Bernard Peters, 1174 George St., Sydney; Anthony MacKenzie, R.R. #1, Sydney Forks, C.B.; Arthur MacKinnon, 739 Alexandra St., Sydney; Lawrence Paul Livingstone, 46 Dominion St., Passchendaele, C.B.; James Walter Donovan, James St., Florence, C.B.; Daniel Angus Kerr, North River, Vic. Co.; Charles Peter DeCoste, Havre Boucher, Antigonish Co.; Hildred Veronica MacGillivray, 338 Main St., Bridgeport, C.B.; Stephen Joseph Swan, Park St., Florence, C.B.; Allister Johnstone, 50 South St., Glace Bay; Noel Stevens, Nyanza, Vic. Co.; Mrs. Margaret MacPhee, Mabou, Inv. Co.; Mrs. Mary Ross Gledhill, 12 George St., Scotchtown, C.B.; John Thomas MacDonald, Gardiner Mines, C.B.; Melvin Charles MacNeil, 41 Roaches Road, New Waterford; Mrs. Alexis Marie MacPhee, 14 R. Dodd St., Bridgeport, C.B.; Freeman Joseph Currie, 24 Chapel Drive, Coxheath, C.B.; Pius Browner, 5 Ocean Drive, Dominion; Mrs. Madeline Marie House, 158 Leeside Drive Coxheath, C.B.; Thomas Noel Isadore, Nyan-

(Continued on page 26)



A mule cannot pull while kicking, and he cannot kick while pulling. Neither can you.

The test of good manners is being able to put up pleasantly with bad ones.

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LIMITED

Doctor: "Do you smoke?"
 Patient: "No, I don't smoke."
 Doctor: "Do you drink?"
 Patient: "No, I don't drink."
 Doctor: "Do you run after women?"
 Patient: "No, I don't run after women."
 Doctor: "Well for Heaven's sake, what do you do?"
 Patient: "I tell lies."

"I don't think the man in the next apartment likes to hear Johnny play his drum, but he certainly is tactful about it. This afternoon he gave Johnny a knife, and asked him if he knew what was inside his drum."

These days when a man has two wives to support it does not necessarily mean that he is a bigamist. He just has a son who got married.

I'm all done with dames.
 They cheat and they lie
 They prey on us males
 To the day that we die.
 They tease and torment us
 And drive us to sin—
 Say — LOOK at that blonde
 Who just came in!

In a certain community, so runs the story, there lived an elderly man who was wont to take an evening stroll to see what he could see, often returning home at a later hour than discretion might approve. In no uncertain terms the wife expressed her disapproval.

But the old man persisted in doing as he pleased. "Surely" he claimed, "a man

of my age can't get into any harm anyway." In desperation the wife hid his false teeth on him. The husband wrote to Dorothy Dix about the drastic action his wife had taken.

Dorothy Dix wrote in reply: "I think your wife is a very wise woman. At any rate she saved you from biting off more than you can chew."

The conceited rookie was picking his first game. He walked the first four men and the manager pulled him out of the game.

As he slammed his glove to the ground, he was heard to mutter: "Yanked out of the game just when I had a no-hitter going."

The first grade children were having a wonderful time playing with a stray cat. After a while, one little boy asked the teacher if it was a "boy" cat or a "girl" cat. Not wishing to get involved in that particular subject, the teacher evaded the question by saying she didn't believe she could tell.

"I know how we can find out," said the boy.

"All right," said the teacher, resigning herself to the inevitable. "How can we find out?"

"We can vote," said the child.

During a community drive to round up unlicensed dogs, a policeman whistled an automobile to the curb. When its driver asked why he had been stopped, the officer pointed to the dog on the seat beside him.

"Does your dog have a license?" he asked.

"Oh, no," the man said quickly. "He doesn't need one. I do all the driving myself."

She thought that "bacteria" was the rear of a "cafeteria".

Did you hear about the cannibal who was expelled from school? They caught him buttering up one of his teachers.

A medical school class was asked to name five reasons why mother's milk is better for babies than cow's milk.

One student wrote:

1. It's faster.
2. It's cleaner.
3. It's safer; the cat can't get it.
4. Easier to handle when traveling.
5. Comes in more attractive containers.

The man who builds a better mousetrap these days puts a motor on it and sells it as a foreign car.

Oliver Herford, who is generally regarded as the father of the limerick, was once asked by a haughty dowager what his greatest ambition was, and he replied, "Well, Madam, I have always wanted to throw an egg into an electric fan."

Two very-much married old cronies were talking over their long and painful experiences under the yoke.

"I'm telling you," exclaimed one old codger to the other, "if they'd had electric blankets and sliced bread when I was a young man I never would have got married in the first place."

A new lighthouse was erected offshore in the wild northwest. A couple of Eskimos watched every detail and when it began functioning they were constantly on hand to watch operations.

One night a heavy fog blew in. One of the Eskimos turned triumphantly to another, "I told you white igloo builder no good," he exulted. "Light shine, bell ding-dong, horn woo-woo, but fog come rolling in just the same."

The boy was practicing his violin lesson in the house, while out on the porch his younger sister was playing with the dog. As the boy scraped away on his fiddle, the hound howled dismally. The sister stood it as long as she could, then she poked her head in the open window and said: "For goodness sake, Jimmy, can't you play something the dog doesn't know?"

The story is told of a preacher who went to the mountains to preach and upon arriving struck up a conversation with the first old man he met.

"Brother are you lost?" he asked.

"Well, I recon' not," replied the mountaineer. "I been here nigh on to 30 years and know every cow path in these here hills."

"You don't understand," said the preacher. "I mean are you ready for the judgment day?"

"When is it coming?" asked the mountaineer.

"Well," said the preacher, "it might come today or it might be tomorrow."

"For goodness sakes don't tell my old woman," cautioned the mountaineer. "She'd want to go both days! ! !"

It was a magical moonlit night and they were very much in love. And after many tender words were exchanged, she asked: "Will you love me when I'm old an gray?"

"Love you?" he asked, and then in rapturous dulcet tones went on, "I shall always love you—worship the very ground under your dainty feet—I shall always and forever adore you—I shall never cease wanting to gaze upon your lovely face—I shall—say, you aren't going to look like your mother, are you?"

Speeding motorists should remember it's better to be a little late down here than a little early up there.

Nurse—"Here's a pill for your headache, one for your cough, and one for your sore toe."

Patient—"Are you sure the little beggars will know where to go when they get inside?"

Two teenagers on a tour of a modern art gallery found themselves alone in a room full of modern sculpture. Staring at the twisted pipes, broken glass, and tangled shapes, one of them said, "Let's get out of here before they accuse us of wrecking this place."

Customer: "Is this hair restorer any good?"

Clerk: "Well, there was a fellow in here yesterday who got a bottle of it. He pulled the cork with his teeth, and today he has a mustache."

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Point Edward Hospital.

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Mrs. Martha Christine MacDonald, 80-9th St., New Waterford; John MacInnis, 52 South Bentinck St., Sydney; Harold Edgar Walker, R.R. #1, West Bay Rd., Inv. Co.; Martin Angus MacLellan, P.O. Box 114, Mulgrave; John L. MacDonald, 21 Wood Ave., New Waterford; Hildred Veronica MacGillivray, 338 Main St., Bridgeport, C.B.; Francis Louis Gabriel, Eskasoni, C.B.; Mrs. Elizabeth Tompkins, North East Margaree, Inv. Co.; Alexander H. MacNeil, 12 Casey's Lane, Glace Bay; George Jewells, Dominion, C.B.; Arthur Peter MacKinnon, 739 Alexandra St., Sydney; Michael Joseph Campbell, East Broadway, Sydney; Bernard Ignatius Borden, Sydney Road, Reserve Mines, C.B.; John Andrew Googoo, Whycomomagh; Mrs. Mary Ross Gledhill, 12 George St., Scotchtown, C.B.; Layton Reginald Fillmore, 14 Hollis St., Halifax; James Francis Beaton, 5 Ocean St., New Waterford; Gregory Daniel Pollard, Port Hawkesbury; Freeman Joseph Currie, 24 Chapel Dr., Glace Bay; Irwin Thomas Smith, 10 Berkley St., Glace Bay; James Donovan, James St., Florence, C.B.; Mrs. Mary Chaisson, Belle Cote, Inv. Co.; Joseph A. Musial, Gardiner Mines, C.B.; Bernard Joseph Peters, 1174 George St., Sydney; Michael MacKinnon, 7 Nelson St., Glace Bay; Mrs. Helen Morris, Eskasoni, C.B.; Mrs. Mary Rose Marshall, Barra Head, Rich. Co.; Frances Ann MacDougall, Upper Washabuck, Vic. Co.; John T. MacDonald, Gardiner Mines, C.B.; Hyacinth Pelham, Janverins Harbour, West Arichat; Wayne Googoo, Whycomomagh, Inv. Co.

There is no fool like an old fool—you just can't beat experience.

This time of the year remember, "Cold sufferers never die, they just blow away".

A CAREER THAT BEGAN IN SANATORIUM

In the first week of February a one-man show opened at the Roberts Gallery in Toronto. The painter whose work is being exhibited is an artist who should be of special interest to patients with tuberculosis. He is Henry van Bentum and he began his career as an artist in sanatorium.

Up to the time he entered sanatorium in Holland he had been a merchant seaman. The story of his venture into the world of art, which we read in Lotta Dempsey's column **Private Line** in the Toronto Star, did not say that he began painting with the idea of making a career of it. We doubt if he did. He had a two year stretch in a sanatorium in Holland. It's a long time for a person as active as a merchant seaman would be to be in hospital.

Our guess is that he started painting as something to add interest to life.

He came to Canada in 1957 and he had not progressed to the point where he could rely on painting to make him a living so he did odd jobs to keep himself fed and clothed.

"I paint until I run out of money, then I go out and work at odd jobs until I sell something", he said.

We expect to hear more about this particular artist. He is going about life in such a practical way. He isn't going to starve in a garret or anywhere else but neither is he going to give up painting now that he has learned to paint and has his pictures bought by such discriminating purchasers as the Banff School of Fine Arts and the Misriachi Gallery in Mexico City.

So if you feel like making a start with something while you are in san by all means go ahead. It probably isn't painting. Your taste may run to higher mathematics, learning about fossils or learning a language, for all we know. But make a start. You can likely get some help from the rehabilitation officer.

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BEWARE OF THE POCKET HANDKERCHIEF

Let the old fashioned pocket handkerchief go the way of the mustache cup and buggy whip, advises a group of British physicians. Measuring the dangers of the use of the handkerchiefs by a person who has a cold they found that in the act of taking the handkerchief, which has been used to cover a sneeze, from the pocket an average of 15,000 bacteria-carrying particles were shaken into the air. The doctors advised using only disposable tissues.

More Women Smoke in Bed — More women than men engage in the hazardous practice of smoking in bed, the Institute for Safer Living reports. A nationwide survey conducted recently in the United States revealed that 54 per cent of women smokers puff while between the sheets compared with only 46 per cent of men. So many men and women drop off to sleep while smoking that the practice is rapidly becoming the nation's No. 1 peril in the category of fires caused by matches and thoughtless smoking" the Institute warned.—The Valley Echo.

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