

NOVA SCOTIA SANATORIUM

VOL. 47

JANUARY 1966

NO. 1



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TABLE OF CONTENTS

THE SANATORIUM CRACKER BARREL J. E. Hiltz, M. D.	5
RICH COUNTRIES, POOR COUNTRIES—TWO TUBERCULOSIS	6
TUBERCULOSIS IN NOVA SCOTIA—1965	7
CARL SORGE MEMORIAL Fred G. Barrett	8
HARRY'S WOOLLEN DOCTOR Jonah Jones, From The Legionary	10
CORTISONE: DRUG TO BE AVOIDED Jack L. Herring, M.D.	11
30 YEARS AGO	12
QUESTION BOX J. J. Quinlan, M.D.	13
EDITORIAL COMMENT	14
CHAPLAIN'S CORNER Father C. Cameron	17

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DAILY: 3.15 - 4.45 P. M.

DAILY: 7.30 - 8.30 P. M.

Absolutely no visitors permitted during

QUIET REST PERIOD 1.00 P. M. - 3.00 P. M.

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

Kentville Church Affiliation

Anglican—Rector	<i>Archdeacon L. W. Mosher</i>
Sanatorium Chaplain	<i>Rev. J. A. Munroe</i>
Baptist—Minister	<i>Dr. G. N. Hamilton</i>
Student Chaplain	<i>Lic. Henry Sharom</i>
Lay Visitor	<i>Mrs. Hance Mosher</i>
Christian Reformed—Minister	<i>Rev. J. G. Groen</i>
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Salvation Army	<i>Capt. R. Henderson</i>
United Church—Minister	<i>Rev. K. G. Sullivan</i>
Sanatorium Chaplain	<i>Rev. J. D. MacLeod</i>

The above clergy are constant visitors at the Sanatorium. Patients wishing a special visit from their clergyman should request it through the nurse-in-charge.

HEALTH RAYS

A MAGAZINE OF HEALTH AND GOOD CHEER

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VOL. 47

JANUARY, 1966

No. 1

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



We trust that Christmas was a happy season for all. Certainly at the Sanatorium it was quiet but festive. Possibly the new Dining Room helped to make the day a gala affair for a good number of the 62 patients who remained with us over the Christmas Season. By the time this is read, the others will all be back and looking forward to 1966 to bring

health and happiness and the really good Christmas—home for good.

Our very warmest thanks are expressed to all patients and ex-patients who sent cards and good wishes to Mrs. Hiltz and myself. It was wonderful to hear from so many again this year. Our special thanks are extended, too, to those persons, organizations, and church members who remembered our patients during the Christmas Season. The mails were huge and there were many personal visits. The Carol singers were in fine voice as usual. It is grossly unfair of me to single out any group for particular mention but I could not help but feel especially Christ-massy as I stood beside 28 members of the 4th Kentville Wolf Club pack as they sang carols around the Christmas tree in the lobby of our East Infirmary. With their own money, they had purchased a record player and records which they gave to our children patients. This was the Christmas spirit at its best. Santa, too, visited our children in the Annex accompanied by the staff of the Maritime Telegraph and Telephone Company plus great boxes of toys. By thanking these two groups, I am thanking, at the same time, all our other Sanatorium friends who were so kind to us all.

* * * *

Our operating room has taken on a new look and a brighter look since the instal-

lation, between Christmas and New Year, of very modern lighting. Santa wanted to be sure to remember Dr. Schaffner and Dr. Quinlan. It is doubtful if patients will notice the improvements but certainly our surgeons and anaesthetists and the nursing staff will. This is just another step in our attempt to keep up with the times and provide the best possible facilities for the care of patients.

In Miller Hall, too, a change has been made. The Food Laboratory has had its work cabinets mobilized and put on casters and it can now be used as an additional lecture room when the cabinets are pushed back against the wall. Since the Patients' Dining Room took over our Conference Room we have required more space for lectures and conferences. Another need has been met.

* * * *

We are often asked how infectious a case of tuberculosis can be. The National Sanitarium Association in its Annual Report of 1964 states:

"It has been reliably reported that the total population of tubercle bacilli in a single cavity in the lung of a tuberculous patient will range, before treatment, from 100 million to 10 billion bacilli."

This is a further indication of the magnitude of our problem when it comes to combatting the spread of infection. Unfortunately, tubercle bacilli grow more readily within the body of a patient than they do in a test tube. Adequate treatment will control and bring about healing of tuberculous disease and this treatment must be carried out conscientiously and long enough so that as many tubercle bacilli as possible can be destroyed and eliminated from the body. When treatment is carried only part of the way, reactivation of quiescent disease may very well occur after an interval of months or years. Once on the cure is enough—let us finish the job while we are at it.

Christmas reminds me of eating and eating reminds me of obesity and obesity reminds me that it is frequently just as bad to be overweight than underweight. Indeed, to weigh more than one's standard weight may be quite injurious to one's health. It is a well known fact that thin people live longer than fat people. The point of all this is a plea for each of us, patients and staff, to keep our weight within reasonable bounds, at most ten per cent above or below standard. Reduc-

ing diets are a nuisance for everyone. How much better it is not to put those extra pounds on in the first place. The best exercise for keeping weight down is to firmly push oneself away from the table, or the table away from oneself. It's a good thing that Christmas comes but once a year! Jolly old calories!

And now as we stand on the brink of the New Year may I wish each and every one of our readers a very Happy 1966 and all that is good in the years ahead.

Rich Countries, Poor Countries—Two Tuberculosis

The International Union Against Tuberculosis
Considers The Problem

The International Union Against Tuberculosis meets every second year. There are now 81 countries in the IUAT and about 60 of them were represented in Munich, which was where the conference was held October 5th to 9th, 1965. It was a very quick change of pace for the people of Munich who the week before had had the annual October Festival which is a great, huge, wide open-beer binge.

For at least the last ten years one could tell that one part of the world was not thinking about tuberculosis in the same way as the other. This time it was sized up by a member of the IUAT staff,

Jacques Dominique who said "There are two tuberculosis, (though not so classified medically) — the tuberculosis of the rich countries and the tuberculosis of the poor countries."

What this all boiled down to was that in the rich countries they had everything needed to fight tuberculosis — sanatoria, drugs, clinics for diagnosis and follow-up. All they need is for everybody who needs these services to use them.

The poor countries look at us and wonder why we are not rid of tuberculosis.

The poor countries count their cases in millions. The chief theme of the speakers who talked to them ran briefly, to this effect.

"You cannot in the foreseeable future have enough beds for a tenth of your patients, so forget about building more sanatoria and spend your money on drugs and the most economical case finding there is—diagnosis by finding tubercle bacilli in the sputum."

"Forget about mass chest X-ray surveys. They work in the rich countries which have good roads and where there are people who know how to fix the machine if it breaks down. In underdeveloped countries a unit which costs thou-

sands of dollars can get bogged down on a jungle road and stay there for weeks. There may not be a tractor for a hundred miles to pull it out—and maybe the road would not take a tractor if there was one."

"So never mind sinking your money in travelling units. Concentrate on clinics within reach of hundreds of thousands of people. Surveys have shown that 70 per cent of patients in a country like India have known they had symptoms of tuberculosis and 50 per cent of the patients surveyed had tried to get help. Concentrate on providing a service for those who will seek help. What you need are clinics where sputum from these patients can be examined by technicians. It does not take a doctor or a front rank scientist to recognize the tubercle bacillus under the microscope. A well-trained technician can do it. And if there are tubercle bacilli in the sputum the patient can be given a prescribed drug treatment. The patients have to take responsibility for taking their drugs. A lot is said about how many don't take their drugs, but the fact is that in a country like India it has been proven that thousands do take them and they work—even in the face of malnutrition and wretched living conditions."

"Supervision from a public health nurse is needed—but let us use our scanty nursing services for the hundreds instead of the dozens."

For consideration of those who are occupying sanatorium beds in Canada or attending mass surveys it should be added that what was being recommended for the developing countries should not be taken as gospel for countries which can afford more intensive treatment or more intensive case finding. If tuberculosis can be found before there are symptoms that would send someone to the

doctor it is better for the patient and for his contacts. A period of rest in hospital until the drugs take hold and the patient's reaction to them is observed is desirable. In the rich countries this can be provided without sacrificing thousands of other patients. Treatment does not have to be denied a hundred patients in a slum area

because one person is getting the full treatment in hospital.

That is the difference between tuberculosis in the rich countries and the poor ones.

TB.....and not TB
Canadian Tuberculosis Association
Bulletin. December 1965

Tuberculosis In Nova Scotia – 1965

By J. E. Hiltz, M.D.
Administrator, Tuberculosis Control Services

During the first eleven months of 1965, in Nova Scotia, 168 new active cases of tuberculosis were reported to the Tuberculosis Control Service compared to 137 during the same period last year. In addition, 42 cases of healed tuberculosis reactivated their disease and required treatment once more. This compared to 46 last year.

There are in our Province approximately 13,000 persons who have tuberculous disease which is either active at the present time or has been active sometime in the past. All these individuals require a careful clinical assessment at least yearly.

There are 365 beds available for the treatment of tuberculosis patients. These are at the Nova Scotia Sanatorium (192 beds), Point Edward Hospital (152 beds), and the Nova Scotia Hospital (21 beds) for the care of tuberculous mental patients. On November 30, 236 of these beds were occupied by patients undergoing investigation or treatment.

In addition, 341 patients were continuing drug treatment at home, generally having undergone initial investigation and treatment in one of the above mentioned three hospitals. Another 108 patients, recently exposed to tuberculous infection, were receiving drug treatment in an attempt to prevent the development of definite tuberculous disease.

In addition to our regularly held Chest Clinic Services throughout the Province, our General Hospitals search for unsuspected cases of tuberculosis by providing a chest x-ray film for all patients admitted for any reason. Our Public Health Nurses conduct tuberculin test surveys of school children and family or other contacts of known cases of tuberculosis. The Nova Scotia Tuberculosis Association supports four tuberculin test survey teams in various parts of Nova Scotia at all times in an attempt to discover new cases of tuberculosis at an early stage when most amenable to treatment and least dangerous to associates.



Carl Sorge Memorial

By Fred G. Barrett, Operator,
Carl Sorge Memorial Radio Station

Many people do many things for the patients at the Nova Scotia Sanatorium; many people have many different motives for doing what they do.

Carl Sorge sat with me in my "radio shack" more than a year ago and told me of his desire to do something for the patients in the Nova Scotia Sanatorium. He explained that although he had never had tuberculosis the disease had struck at his family and that he understood what it meant to a person to have tuberculosis and what it meant to have to take a long period of treatment.

At the time Carl was a Flight Lieutenant in the RCAF stationed at Greenwood. But, in addition, he was president of the Nova Scotia Amateur Radio Association. He was very conscious that the Association fell far short of being the friendly group of hams that it was meant to be, far short of living up to the ideals of service to others which are often said to exist. Also, he knew that in very recent months there had been a great deal of petty bickering, sharp words, and jealousy manifest among the members. Carl's hope, as he explained it to me, was that by giving the members a worthy objective, an unselfish objective, he might unify the group, improve their attitudes toward one another, and re-establish the ideal of service. Carl was convinced that if the Association could unite in an effort to provide a radio station for the Sanatorium it would help the patients but also help the Club.

The N.S.A.R.A. accepted the suggestion of their president but the campaign, barely underway, was abruptly interrupted by the untimely death of Carl Sorge.

Carl, along with his fellow crew members, was lost in the crash of an RCAF Argus in the Caribbean less than a month from that day on which he sat with me in my ham shack discussing what he would like to do for others.

Much to the credit of the members of The Association, they did not let Carl's project die with him. Rather, they determined that the project should be carried forward with even greater vigor and that the amateur radio station to be established at the Sanatorium should be a memorial to the president who first suggested its establishment.

At the A.R.R.L. ham fest held at the Digby Pines last summer the equipment for the Carl Sorge Memorial Station was dedicated in a service conducted by Rev. R. R. Winchester.

Here at the Sanatorium on the evening of October 26th the station was officially passed over to the Sanatorium by Richard Archambeault, the Chairman of the Memorial Committee, to our Superintendent, Dr. Hiltz.

This station has now been set up in a room in the Rehabilitation Building and all that remains is for us to make good use of it. The use which we hope to make is twofold: First of all it is hoped that some of the patients here may become interested in learning electronics and perhaps even become amateur radio operators. Secondly it is hoped that this station may provide a means of communication between patients and those whom they have left at home.

The successful use of this station depends upon the co-operation of amateur radio operators in the vicinity whom we trust will come to the Sanatorium and operate it from time to time on behalf of the patients.

At the present time especially on those Saturdays when I am on duty, I would be very happy to try to establish contact with hams in your community. Through these hams it may be possible to send messages by telephone to your friends or to have your friends come to the "ham's" home and speak with you directly. Please get in touch with me directly or with any member of the rehab staff if you would like to send a message by radio or come to the rehab department and speak directly "over the air".

'Doctor's Dilemma . . .'

Chronic cough and shortness of breath are often the "doctor's dilemma." These two symptoms have many causes. They may express many different underlying changes in the lungs, many alterations in the cardio-pulmonary relationships and many bizarre afflictions of mind or body. Trouble in the lungs may belong to the lungs or come from trouble with the heart. Conversely, the heart can fail from trouble with the lungs. Indeed, these two vital organs, the heart and the lungs, are so intimately dependent upon each other that it is almost axiomatic to say that what is good or bad for one is equally good or bad for the other.

—Exchange

The Sad Soul says that by the time a man can afford to lose a few golf balls, he's too old to hit them that far.

Why Not Take The Cure At Home

Treatment at home for pulmonary tuberculosis, even at its best with ample funds and ideal living conditions, is never as satisfactory as it is in a hospital. One cannot convert a home into a hospital. At home, conditions are adjusted to suit the well person. The household activities, the minor but numerous disturbances, the frequent visitors, the well-meaning but poorly-informed relatives and friends combine to make it impossible to provide at home, the regular hours of rest, relaxation, and sleep, which a patient under treatment for tuberculosis needs to get well. A well-appearing patient, who is observing rest hours at home in the day, is likely to be considered just lazy by a casual visitor.

It is not human nature to watch other members of the family hard at work and not to lend a helping hand. Such conditions which are frequently encountered at home are difficult to resist regardless of the patients need for rest. For instance, it is not likely that mother could refrain from fondling her children and from lending a helping hand in the same house with them. On the other hand, to deliberately keep away from the children under such conditions might give them the feeling they are not wanted. A patient eager to go home may have sincere intentions

to follow conscientiously hospital rules but may find it difficult, if not impossible, to carry out these intentions.

At the hospital, where one is surrounded by fellow patients with similar interest and handicaps, everything centres around the patient. The whole life in the hospital is organized with one purpose in view, namely, to provide the patient with the maximum amount of rest and relaxation. All conditions which may interfere with his aim are eliminated. Amusements and other activities are provided which are consistent with these principles. Here in the hospital, the patient is closely supervised by doctors and nurses experienced in the treatment of tuberculosis. Any evidence that modification of treatment may be necessary is immediately observed and measures are taken to institute the indicated changes without delay.

To sum it up: the best place to treat pulmonary tuberculosis is in the hospital. By virtue of their training and experience the medical staff knows best when it is safe for a patient to go home. The doctor's only interest is the welfare of his patients and his greatest regard is to get them well as quickly as possible.

The Peoria Fluoroscope
Via Iowa Stethoscope.

After Christmas — The New Year Resolutions

Right after Christmas comes the New Year—and New Year resolutions. The thought has occurred to us that perhaps the indulgence of the Christmas festivities promotes abundance of these resolutions.

What better time to resolve to go on a diet than when one has had a fair amount of indigestion, brought on by too much rich food, too much candy between meals, too much visiting the frig late at night because the snack situation is especially good during the festive season?

What better time to decide to give up smoking than when there have been more cigars than usual around the house and even the smokers are a little sick of the stale smell. Maybe, because of extra entertainment, there has been more cigarette smoking than usual and the smell of cigarette stubs is all over the house, especially if it has been too cold to make opening the windows a comfortable solution?

When is one more likely to decide to

ease up on drinking, or maybe quit altogether, than when there have been too many cocktail parties where one spoiled one's appetite for dinner by eating a lot of weird canapes, and then went home hoarse from trying to carry on a conversation in the midst of hubbub? And of course the resolution is a little easier to make at a time when your friends, having entertained recently, are likely to subside for a few weeks, leaving you in peace with your resolution.

And when is the student more likely to make resolutions to work harder than when the Christmas exams have shown up his weakness, but a round of parties has softened his recollection of how little he likes to study?

How easy, in January, to resolve that never again will Christmas find you with the shopping all to do in two weeks!

Oh my yes—after Christmas is a fine time for making resolutions.

TB.....AND NOT TB

Harry's Woollen Doctor

By Jonah Jones

Reprinted With Permission From **The Legionary**

The best T.B. patient I ever knew was Harry, an old soldier who came into our ward one day knitting a scarf of brilliant military scarlet. Originally the scarf had begun with 80 loops of plain knitting—no purl for Harry—but as the weeks passed it increased of its own will to 120 loops.

Harry's speculations on how this happened kept the ward in chuckles for many an hour, and even more so when the scarf tailed off to a modest 70 loops. Eventually, when Harry was about to leave, the scarf was cast off by a pretty nurse with a launching ceremony befitting a new ship.

That scarf did as much as the doctor for Harry, and his case was a clear example of the conquest of mind over matter. For the desire to work is a great asset in a patient's recovery from T.B.

Tuberculosis, contracted during or after war service, was the cause of a large casualty group in both world conflicts. It is a long, tedious illness, mostly painless, but it keeps a man on his back even though he may look fit. Its worst effect is on morale.

In the first place, every patient knows that his entire regime in a sanatorium, and after, is based on rest. The long months in bed, the various forms of lung collapse therapy and the easy-going routine with hours of absolute rest in bed are but a means to one end: to rest the injured lung; to achieve, as far as possible, a sort of "splinting" of the lung.

In my experience as a patient, I have noticed that most men find it difficult to reconcile this stress on rest with any form of activity. How can one rest and work? How can one fill the gap between discharge after treatment and the beginning of work? My answer to that would be to begin what preparations you can while you are still in hospital under the care of the medical staff.

I am not concerned here with the man who decides he shall never work again because he has had T.B. That is the philosophy of despair.

There is no doubt that a great number of T.B. patients can work and ultimately lead a perfectly normal existence, for the days are long over when a man was "written off" when he contracted T.B.

As a patient myself, I have been able to resume my work, though for the past

three years I have been receiving collapse therapy on both lungs. By careful assessment I know how long to work and what not to do.

I never work till I'm over-tired, nor do I ever lift any weight. I never quicken my pace, but simply go my own sweet way, missing buses rather than running for them. I never forget the aim of all my treatment—to rest the lungs.

If a man will keep that aim in mind, there is much he can do to help himself. Furthermore, a working man is happier than an idle one. Low morale is the best friend of the dreaded tubercle.

What then, can a man do to help himself? Well, if he never forgets the taboo on strain and over-activity, he can help the doctor to measure his capacities. Too many show indifference to the occupational therapists who visit the wards. I know that sewing felt-toys may appear silly to an ex-warrant officer lying in bed with an infected lung, but it's a start.

Many hospitals and sanatoria with ex-service patients enjoy visits by Legion, Red Cross and other social workers, who are only too glad to help a man get materials or to offer advice. And work need not be all felt-toys.

I have seen one or two expert handloom weavers in the wards. One amateur I knew carved superbly in wood and ended up with a lucrative line in cigarette boxes. Another made quite a lot of cash from dressing-table sets, another from fashionable handbags.

It is the will to make things that counts. It keeps morbidity at bay. Similarly, it is the desire to return to normal life that aids recovery. I often get shocks when I meet old patients.

For instance, I found that a bus driver on our route was once a patient. The blacksmith in the next town had spent eight months in a san, and a taxi-driver and a postman had all been patients.

These men have learned to work within their limited capacities. That is the point—to learn what your capacities are and to keep within them.

My advice to the T.B. patient in bed would be not to despair. If you learn to adapt yourself to your new regime, you will work again and enjoy a full life, like any other man. Never refuse the chance, never spurn any help to start some practical job on your own as soon as your

doctor allows it. Even Harry's scarf was part of his salvation and contributed not a little to his general morale.

Don't write yourself off as a permanent loss to society. Believe me, that is the best way to retard your own recovery.

Cortisone: Drug To Be Avoided

By Jack L. Herring, M.D.

Patients who have inactive tuberculosis often ask doctors if they can take certain medicines without fear of "breaking down" or reactivating their tuberculosis. At present there is only one group of drugs which have been definitely proven to be dangerous to people with inactive tuberculosis. This group of drugs are called steroids and includes cortisone and other cortisone-like chemicals.

Cortisone and other similar chemicals in this group, called steroids, are naturally present within the body. They are manufactured by a small gland called the adrenal gland, which is located just above the kidney. The body normally regulates the production of these steroid hormones so that just the right amount is produced. They are vital and necessary for normal healthy life. If the body should produce too little of the hormone, then sickness will occur. These steroid hormones have many, many functions in regulating the chemistry of the body. Among other things, they markedly reduce the body's inflammatory response to various forms of irritation such as injury, infection and allergy.

Because of their ability to markedly reduce inflammation, the drugs have been used widely in medicine for arthritis, severe allergies, skin diseases, diseases of the eye and many other illnesses. Cortisone has been refined in many ways to make it stronger and freer of side effects. This has resulted in a large number of drugs on the market which act like cortisone, but have different names. One of the

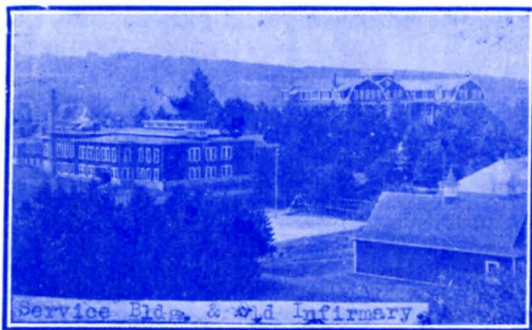
side effects of this entire group of drugs is the ability to reactivate or "break down" inactive tuberculosis.

Not every person with inactive tuberculosis who takes cortisone will "break down". The risk is quite real, however, and cannot be ignored. A person with inactive tuberculosis should not take cortisone or one of the cortisone drugs unless absolutely necessary. This drug should not be used when there is some non-cortisone drug which will do just as good a job. However, if a person with inactive tuberculosis has a serious illness which threatens his life, threatens him with severe crippling of the limbs or blindness or some other impairment of this severity, then cortisone can be used.

If a person with inactive tuberculosis has a severe illness that demands the use of cortisone, the drug can be used with very little risk provided the person takes drug treatment with PAS and INH.

Very few people have experienced reactivation of tuberculosis while taking cortisone provided drugs for tuberculosis are used. It is recommended by doctors of this hospital that the TB drugs be continued throughout the entire time that cortisone is required and for approximately two months after cortisone is stopped. The use of cortisone must never be taken lightly by the patient with inactive tuberculosis or by his prescribing physician. It can be used safely if absolutely necessary.

—The Sanatorium Pulse
Via SoCaSan Piper.



Winter Scene From Yesteryear

30 Years Ago

One of the first things to catch our eye in the January 1936 issue of **Health Rays** was the Canteen ad, and this is what we saw: that a man could buy a shirt for \$1.35, or flannelette pyjamas for \$1.75. The girls spent a mere 20 cents for hair set, while toothpaste, large size, was 35c. But what made us see green was the item: Noxema Cream, 25 cents! To a compulsive user of noxema cream, especially these days, when all about the wind doth blow or we must keel the greasy pot—to rudely paraphrase Shakespeare—today's prices make shocking comparison.

Considerable space in this number was devoted to reporting a 1936 Yuletide disaster—the fire that destroyed Pavilion 3 on Christmas Day. At that time Pavilion 3 stood at the foot of the Hill, just east of the Recreation Building, now a pleasant grassy area with nicely spaced trees and benches. Fortunately the fire broke out in daytime, when the occupants were out and about on Christmas Day activities, so no lives were endangered. However, all the personal belongings, including freshly opened Christmas presents, were lost. The boys, issued with emergency sleeping gear, were duly installed “on the Hill”, and life went on.

A feature article appearing January 1936 was “My Curing Days” by “Fergie”. To Old Timers of the late 'twenties and early 'thirties mention of Fergie will bring a smile and a tear. Fergie—Elizabeth Ferguson, in full—was a young girl patient who underwent misfortunes and vicissitudes that happily few patients are called upon to suffer. The very special thing about Fergie was that through it all she never lost the sense of humor or the smile that endeared her to all who knew her. This is her story in very condensed form. Fergie entered the San. in 1927, with “my right lung in bad shape”. By the end of a year, through combined bed rest and pneumothorax treatment, the lung condition showed improvement. Then came the blow—examination showed extensive trouble in her spine, “three or four vertebrae pretty well gone”. Thus began Fergie's ordeal of life in a cast, which went on with alternating success and setbacks for more than two years—first in the Sanatorium, then in the Sydney Annex, and finally at home in New Waterford.

While Fergie was a prime favorite with the doctors, the nurses, the other patients, in fact all who came in contact with her, and she returned the affection in full

measure, there was one nurse who held a very special place in her heart. As a token of her love and gratitude Fergie gave her nurse a Valentine, a notebook into which she had copied, in a beautiful hand, poems and thoughts of inspiration and humor. The dedication in the front of the book ran as follows: Valentine Day, 1932—To my Nurse, “Mack”, from “Your Spinner”, Fergie. And who was Fergie's “Mack”? Well, no one else than our Mrs. H. M. Mack, Director of Nursing, Nova Scotia Sanatorium, who in 1932 was charge nurse of Floor 1, New (now East) Infirmary. Recently Mrs. Mack showed us the Valentine scrapbook, which she has kept all these years. Among the many appearing in it, we feel that this little poem typifies the courage and enthusiasm that carried Fergie through her dark days to health again:

No vision and we perish,
No ideal and we're lost;
Your heart must ever cherish
Some faith at any cost.

Some hope, some dream to cling to,
Some rainbow in the sky;
Some melody to sing to,
Some service that is high.

There are Old Timers of more recent years who have memories of Fergie, too. In 1954 she returned to the Sanatorium as a patient and spent two years curing once again. This time, though Fergie to her friends, she was Mrs. Earl Hughes, and the mother of five children. Fergie's story came to an end in 1961, when she died in the New Waterford General hospital, but her bright spirit which refused to give in to trouble and despair remains an inspiration to those who knew her through it all.

And from the funny side: On a voyage of one of the Cunard liners from New York to Liverpool a Major H. Reynolds of London was registered on the passenger list. The purser, running over the names, assigned to the same stateroom as fellow travellers, this Major Reynolds and a husky stockman from Texas.

A little later the cattleman, ignoring the purser, hunted up the captain. “Look her, cap,” he demanded, “What kind of a joker is this here head clerk of yours? I can't travel in the stateroom with that there Major Reynolds. I can't and I won't. So far as that goes, neither of us likes the idea.”

“What complaint have you?” asked the skipper. “Do you object to an army officer for a travelling companion?”

“Not generally,” stated the Texan, “Only this happens to be the Salvation Army. That there major's other name is Henrietta!”

Question Box

J. J. Quinlan, M.D.



- Q. Are some tubercle bacilli more virulent than others?
- A. The virulence of various groups of tubercle bacilli is very difficult to assess. For example, repeated experiments have shown that tubercle bacilli obtained from rapidly progressive human disease are not at all uniformly

of high virulence for the experimental animal, whilst on the other hand, bacilli from so-called benign tuberculous lesions are more frequently than not fully virulent for the same animals. Although not proven by any study, it would appear that the course of the tuberculous disease in an infected individual is not influenced by the amount of virulence of the bacilli that initiated the infection.

- Q. Can any significance be attached to the time it takes a culture to show growth?
- A. A culture positive for tubercle bacilli is evidence that living tubercle bacilli were present in the material implanted on the culture medium. The length of time taken for the growth to appear depends more on the nature of the culture medium rather than on any characteristic of the tubercle bacillus.
- Q. What is decortication? When is it advised in a patient's treatment?
- A. Decortication means the removal of an abnormal membrane from the surface of the lung, and the inside of the chest wall. This membrane which may be of tissue paper thinness or which on occasion may exceed an inch in thickness, which may be very soft or which may have the consistency of leather, or may even be calcified, is a common end result of fluid in the pleural cavity. The fluid may be thin and

clear as in pleurisy with effusion, it may be pus, or it may be blood following a chest injury. The abnormal membrane produced prevents proper movement of the lung and chest wall, and as a result produces diminished respiratory function. The operation of decortication should be done as soon as it is evident that the abnormal membrane is present, as there is danger that if the lung is trapped for too long a period, considerable permanent damage may be done to it.

- Q. Is there any law that required teachers or people who deal with children to have x-rays or examinations for tuberculosis? What about food-handlers?
- A. All teachers in the Province of Nova Scotia are required by law to have yearly examinations for tuberculosis, and the examination, of course, includes an x-ray of the chest. With respect to food handlers, there is no provincial statute requiring that they have such examinations but many towns in Nova Scotia insist that all food handlers be regularly examined.
- Q. Does calcification break down suddenly or gradually? Is there any way of a patient knowing when this is occurring?
- A. It is most unusual for a calcified tuberculous lesion in the lung to break down and be replaced by an active progressive zone of disease. When reactivation of the tuberculosis occurs, it is usually found in a portion of the lung distant from the calcification or in the other lung, and one frequently sees rather acute extending tuberculosis throughout one or both lungs with the original calcified focus remaining unchanged. One interesting complication of calcification is the production of so-called "lung stones". In these cases, a portion of the calcified lesion ulcerates into a bronchus, usually causing a small to moderate hemorrhage, and the actual stony hard particle may be expectorated.

I went to the throne, with trembling heart.
The year was done.

"Have you a New Year for me, dear Master?"

I have spoiled this one!"

He took my year, all soiled and blotted
And gave me a new one, all unspotted,
Then into my tired heart he smiled:

"Do better now, my child!"

—Unknown

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STAFF

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EDITORIAL COMMENT

To all our readers: May 1966 bring you health and happiness in good measure, along with the realization that attainment of each requires some purposeful effort on our own part.

* * * *

Bright quips about the making of resolutions is standard chatter as a new year comes in (like: "Yes, I always make New Year resolutions—so I'll have something to give up for Lent.") But under it all lies a seriousness, recognition of a need for change, the feeling of "beginning again" that comes with hanging up the fresh, new calendars. Some time ago we wrote these thoughts on the matter:

This is the season for resolutions, when one supposedly gives up old faults and takes on new virtues. It is a time-honored custom, the value of which is frequently debated. We even heard it as the subject of street-corner TV. interviews one night. As usual the pros and the cons were about equal. Here we register one more Aye, and for this reason:

You may draft your resolutions and then say "Oh, shucks!" and scrap the lot; you may keep them one whole week; or you may run the full course and emerge a paragon of virtue at the end of 1966. That is not the whole story. To us there is value in the mere listing of resolutions. For once you are not seeking the moat in your brother's eye, nor applying the minister's sermon to your next-door neighbor. You are facing up squarely to your own short-comings, and that can be an awakening and salutary experience. Acknowledgment of error can be a long step on the road to amendment of it.

Those are still our sentiments.

The "Chaplain's Corner" in this issue has been contributed by a former, popular patient, Rev. Charles Cameron, who had spent some months in 1965 at the Sanatorium. When we asked Father Cameron for a message for our readers he agreed, although he added: "I never cherish the thought of writing for publication". After reading his message, which presented an old truth in such a new light, we wonder why he should have any doubts about his ability as a writer. We are deeply grateful to him for taking the time to give us this fine and thought provoking article.

Incidentally, Father Cameron writes from South West Margaree, Cape Breton, but he makes no comment regarding himself or what he is doing. Those who know him, however, doubt if he is spending all his time resting. He sends his greetings to all at the Sanatorium, including wishes for a prosperous New Year.

HAPPY NEW YEAR

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

—GOETHE.

Christmas Party For Patients

Once again the good ladies of the Catholic Women's League put on the San. Christmas party for patients, December 16, and as always it was a gala event. The convener of the party was Mrs. C. H. Guild, and she was assisted by CWL members: Mrs. H. H. Stokes, Mrs. Russell D'Eon, Mrs. E. C. Kearsy and Mrs. M. H. Wood.

The Recreation Hall, where the party took place, was beautifully decorated in keeping with the Christmas season. The decorating had been done by the San. Rehab. Department, who were aided by the following patients: Mima Hale, Ella Spidle, Linda Smith, Jack Sears, John Doyle and Jean Dugas.

The evening was given over mainly to card games of the usual varieties, but additional entertainment was provided. Dr. Holden showed slides taken at previous San. parties, and this was followed by a short program M.C.ed by John Doyle. Linda Smith and Ella Spidle, two of the popular "Chipmunks", were on hand to render: "Christmas Is Just Another Lonely Day", and "Winter Wonderland". Community carol singing was led by John Doyle and a group of the patients, with guitar accompaniment by Wally Burgess.

Then Santa Claus made a welcome appearance, with a cheery word for all and individual messages for many. He proceeded to give out the prizes won at cards, which were as follows: Forty-Fives, ladies high, Mrs. Anna Shot, ladies low, Mrs. Amelia Maillet; gentlemen's high, Clarence Usher, low, J. J. MacKinnon. Cribbage, Veronica Halloran and Kenneth Davis. Crokinole, Curtis Gaul and Clara Keefe. Scrabble, Mrs. Lillian MacMillan. Lucky draw: Mrs. Jessie Burgess, Mrs. Gladys Holden, Aubrey Hatt and Arnold Boylan. Santa was ably assisted in the

prize giving by Monsignor Durney. Father LeBlanc was also on hand to wish the players and friends the season's greetings.

Delicious refreshments were provided by the ladies of the CWL, and were served under the direction of Miss Virginia Allen of the San. Dietary staff. As each party-goer left the Hall they were given a red and beautiful apple by Monsignor Durney.

Mr. Barrett opened the party, and introduced the hostesses. At the conclusion of the festivities Dr. Hiltz thanked Monsignor Durney and the ladies of the CWL for their great kindness to the patients not only in this instance but throughout the year.

STAFF CHRISTMAS TEA

The annual Christmas Tea for all staffs of the Sanatorium was held in the west-end reception room of the Dormitory on December 21. The room was delightfully decorated for the Christmas season, the crowning touch being the beautiful tea table. A great number of the San. personnel took advantage of the opportunity to extend seasonal greetings to each other, while enjoying the delicious refreshments provided for the occasion.

Miss Quinlan, her staff, and all others who worked on the project deserve high praise for making it the happy and successful event it was.

AN OLD GAELIC BLESSING:

May the road rise up to meet you
And the wind be always at your back
And may the Lord forever hold you
In the hollow of His hand.

Father to family as he climbs out of car: "Well, we finally found a parking space. Now, does anyone remember why we're here?"

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Chaplain's Corner

The Old And New Worlds
By Father C. Cameron

For us, the people of the "New World", a "sense of history" is almost completely lacking, mainly because our young nations' foundations were built mostly of wood which has long since been consumed by time, fire and worms. Because of the simple fact that the early settlers found plenty of wood which was easily worked, we their descendants have little remaining that connects us with past history. We do, of course, have some reliques of which we are very proud, but few of these are yet three centuries old, and hundreds of miles apart. Being so isolated from any historical atmosphere, there is little wonder why so many people here in the "New World" fail to realize their vital connection with the past centuries of history, and as a result there seems to be an enormous "gap" between ourselves and the untouchable past.

As Christians this gap is very obvious, I am sure, to each of you. Do you not occasionally feel that your religion is almost like a dream, something very real but at the same time intangible? Likewise in reading the Bible—today, January 1966—as an historical and authentic narration of facts that happened thousands of years ago? I believe part of the answer lies in the "Old World"!

Of all the experiences of anyone who visits the "Old World", whether it be the Holy Land, Athens, Byblos or Rome, the lasting experience is the overpowering realization that they have personally, really, and sensibly come in contact with man-made buildings, cities, and art of hundreds and thousands of years. This overpowering and wonderful realization has, I believe, a very important place in the lives of all Christians so that the gap between today and the time of Christ might be narrowed, enabling us to bring Christ into our lives, our homes, and our hearts more easily. It is this, perhaps I could say "shocking", realization which I experienced that I would like somehow to share with you. I would like very much to take you all there personally, but among other problems I know how hard it is for those on the "cure" to get passes — another of my "shocking" experiences!

So for just a moment imagine yourself standing on the gentle slope of Mount Olivet, in a garden of olive trees (Gethsemane); directly below is the Valley of Cedron, and on the other side of the valley is

the city of old Jerusalem, with the ruins of the Temple in the foreground, and in the distance the building marking the spot of the Last Supper. With this sight before us, the guide read from his "guide book"—the New Testament: "With His disciples, He went out across the Cedron Valley. Here there was a garden. . . Judas, His betrayer, knew the place well; Jesus and His disciples had often gathered there." (Jo. 18/1) Going up the same mountain to a small chapel dedicated to the Assumption the guide continued: "You are to be My witnesses in Jerusalem, and throughout Judea and Samaria, yes and even to the ends of the earth. When He said this, they saw him lifted up, and a cloud caught Him away from their sight . . . Then, from the mountain called Olivet they went back to Jerusalem." (Acts 1/8)

These are only two of the many incidents during which we seemed to be carried back the thousands of years simply because somehow we were connected, through our surroundings, with something that happened during Christ's life on earth. I believe it is extremely important for us to remember always that beyond this land of ours, beyond our churches and homes, the actual places mentioned in the Bible still exist, and some are today almost identical to the time when Christ Himself visited them. We all should try to cultivate an awareness of their existence through our reading concerning them, and by using maps, pictures or anything else that may aid our imagination to see Christ in the surroundings and circumstances in which He lived.

This same awareness of our solidarity with the past centuries, and with Christianity of all ages, and nations, is extremely obvious in the centers of early civilization and early Christianity. Rome, for example, so frequently called the "Eternal City", hoards in its ruins, in its art, a treasure of antiques through which we can easily trace Christianity from as early as the first and second centuries when the persecuted church decorated the walls of the catacombs with scenes depicting the truths of Christ's teaching as they understood them, and as we today understand them.

Space does not permit a detailed description of some of the interesting sites

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of the "Eternal City", or any other important center of early civilization, but I do hope that this article will somehow arouse an awareness of the importance of ancient history and archeology, if we expect to narrow this enormous "gap" in history and thus make our faith alive, exciting and encompassing our daily lives.

May God bless you all, restore your health, and protect you throughout the New Year.

NURSING NEWS

Fifteen Nursing Staff Conferences were held in 1965. Special Speakers included Miss Amy Elliott, Health Educator with the Dept. of Health talking on "Health Education"; Dr. Cleveland and Dr. Townsend from the Fundy Mental Health Clinics; Reports of Institutes on Emergency Measures given by Miss Jean Dobson, R.N. and Mrs. C. Paseoe, R.N.; a Demonstration of the autotutor by Mr. R. E. MacKenzie R.N.; Report of the 65 Annual C.T.A. Meeting in Toronto by Mrs. H. Mack, R.N., and Miss J. Dobson, R.N., and on the Institute on Tuberculosis Nursing at Dalhousie University by Mrs. C. Boyle; Home Care Programs by Mr. R. P. MacKenzie, B. Comm., D.H.A.

Films were shown "Pneumonectomy" and "A Method of Thoracoplasty" by Mrs. Boyle and one by Mr. MacKenzie "Early Management of a Severely Burned Patient".

Articles read included—Down in Smoke, Tb in Developing Countries, Hunger a Constant Companion.

All Staff have had the opportunity to attend doctors lectures given to student nurses.

A continuous program of In Service education is carried on. As we are Nursing Specialists we endeavour first to be sure our knowledge of Tuberculosis and Respiratory Diseases is up to date and that Nursing Procedures are changed to meet the needs of the patient.

Nursing Staff are presently going to the Physiotherapy for a refresher in the use of the I.P.P.B. machines.

Christmas Festivities included Carol singing by student nurse affiliates before the last class left and by student nursing assistants. All staff were involved in the arrangements for Christmas at the San. We are most appreciative of the work done by Miss E. MacQuarrie who spent many hours at home making decorations for different areas in the East Infirmary. Other members of the O.R. staff helped too.

ODE TO A USED TIME BOOK
Hail to thee. . . our reminder
of hours come and gone,
Of holidays and sick days and
each day, dawn to dawn,
Of night shifts, P.M.s, of shifts
both straight and split—
As through my fingers your pages
idly slip.
Thy days of use are finished but
backward peek
As thy successor to keep true—
thy information seek.
Envy not this trim one, so clean
and fresh and new.
Give it but a few months to be
a mess like you—

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TWO NEW BOOKS

From The Chest and Heart Association of Great Britain comes notice of two new books. **Need I Ever Retire?** offers advice on retirement by the eminent cardiologist, William Evans, MD, DSc, FRCP, who says: "Retirement should not be regarded as a rude and unfair interruption on life's journey, but accepted as a natural phase which brings with it advantages and even awaited opportunities, and which may more than compensate any losses".

Of The Social Effects of Chronic Bronchitis—a Scottish Survey, by Mary G. C. Neilson and Eileen Crofton, BM, BCh, the press release has this to say: "This booklet contains the results of an extensive survey carried out on 500 men suffering from chronic bronchitis in Glasgow, Edinburgh, and a semi-rural area of Scotland. The enquiry deals with the patient's family and financial circumstances, his housing conditions, social activities, smoking habits and his difficulties in finding and keeping employment suitable to his reduced capacity. . . . There are many suggestions as to what could be done to alleviate the suffering of the chronic bronchitic, to rescue him from his social isolation and to maintain him in some degree of financial independence by an all-out effort to find him suitable employment at all stages of his disease."

These books, priced \$1.25 and \$1.75 respectively, may be obtained from The Chest and Heart Association, Travistock House North, Tavistock Square, London W.C.1, England.

Little Joe says: "Don't be too critical of your wife. The very faults you find are probably the ones that kept her from getting a better man than you."

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Old Timers

When our readers see these lines Christmas 1965 will be just a memory (a happy one, we do hope) along with all the others that came before it. But we write with the carols ringing in our ears and the Great Day still two days off. In fact, we're still racking our brains over one or two last minute gifts. We wish all our friends were stamp collectors, like Anne Marie, then we could solve our problem after the manner of our assistant dietitian, Miss Virginia Allen. She presented Anne Marie with a gift of money and the accompanying poem:

"I think that I shall never see
Anyone who likes stamps as much as
Anne Marie.
Stamps are licked by fools like me
But collected and cherished by Anne
Marie.
With this money I hope you will get
Some stamps on which you have your
heart set."

THIS HALF PAGE IS WITH THE
COMPLIMENTS OF

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Anne Marie starts off her news this month by telling us of a visit from Millie Boutilier. Millie, who was a patient here in 1953, and later worked at the switchboard and the Canteen, is now living in Halifax. She is cashier at Murray's Restaurant, in the Lord Nelson Shopping Centre. Anne Marie says she looks just the same, which was always good.

Marilyn MacLeod, who left the San. Physiotherapy Department in May of last year, has been living at home in Whycomagh, C.B. with her mother. She plans to take up her work at Camp Hill this month.

Mrs. Jessie Smith, one of our San. housemothers, reports seeing Marjorie Bain in Liverpool. Marjorie, who was here back in the early 'thirties, is doing stenographic work.

Terry Cox, who was here in 1958, works for Euclid Atlantic Ltd. in Truro, and is feeling fine.

Marv Boudreau Doucette of the San. switchboard had a visit from Evelyn Comeau Lombard of New Edinburgh, Digby Co. Evelyn and her sister Zelma were both here in 1949, and both are now very well.

When Anne Marie was doing some shopping in Zeller's store, Kentville, she ran into Old Timer Louis Comeau, who was

here in 1953. He now lives in Truro and travels for J. and P. Coats Thread Co., and was in Zeller's on business. He told Anne Marie that he used to see Lucie Chiasson when she worked at the Nicci Sewing Machine Agency. Lucie, who was here in 1949, is now employed at the Wool Shop in the Halifax Shopping Centre.

John Lawrence said he heard from Howard Fowlie, who lives in Dartmouth and is night telegraph operator in the railway office.

When in Halifax just before Christmas Dr. Crosson met Paula Ryan. Paula, who was a 12-year old here in 1958, now works in a bank. She, her father and mother, who were also patients at the San. are all well. Formerly from Truro, they now live in Halifax, where Mr. Ryan is working.

Mrs. Hamilton, of course, heard from a number of her former charges in the Children's Annex at Christmas. Ronald LeBlanc, Surette's Island is well and getting fat; Carmen and Paul Hawes, who left here last September, sent greetings from Antigonish Harbour; Arlene Gauthier, Dartmouth, and Shelley Slaunwhite, Terrance Bay, who were here in 1963, also wrote. All are well and are going to school, and they all sent their school pictures so "Hammy" could see how they are growing.

Marguerite MacLeod, of the Rehab. Dept., heard from Bobbie Stalker, Barney's River, Pictou Co. He sounds like a very busy young man—is in Grade 7, is taking music lessons, secretary to his Explorer's group, and is keeping up his typing, winning special recognition as "very speedy on the typewriter". Bobbie was here in 1961, at which time his father was a patient, too. Clairmont Jones, who left here last year, wrote that he is feeling fine and is bookkeeper for a fish dealer at Clark's Harbour.

As one might expect, Msgr. Durney heard from many former patients at Christmas time. These were: Phyllis Miller, Stellarton (1954); Mr. and Mrs. Patrick Comeau, Saulnierville (1960); Mrs. Ella Mae Nicholas, Pictou Landing (1959); Yvonne Rushton, Barss River (1956); Alison Gammon, Halifax (1947); Margaret Flemming, Stellarton (1955); Ed and Rose Haley, Antigonish (1957); Aber and Helen Joseph, North Sydney (1948); Mr. and Mrs. Bernard Borden, Monastery (1954); Mrs. Gertrude Clarke, Dartmouth (1962); Mr. and Mrs. Buddv Steele, North Sydney (1948); Mrs. Kay Bowen, Pictou (1960), and Dr. and Mrs. Ron Bedford, Ottawa.

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He also heard from Mr. and Mrs. John R. Amirault, Amirault's Hill (1960), with the interesting news that they had adopted a baby girl in December 1964 and in November a baby boy was born to them.

Betty Smith sends a card with her renewal to Steve, and asks that she be remembered to "all patients and everyone concerning the San." Betty, who was here in 1962, lives at Beach Hill, Lunenburg Co.

On her Christmas card Dorothy Jackson Cranidge adds this note to her greetings: "Do you remember Rev. Mr. Markham, the Church of England chaplain that was at the San? Well, he is in a nursing home here in Halifax. I go in to see him often." We remember Mr. Markham very well, indeed, and are glad to know he has a faithful Old Timer visitor.

Earle Millen sent a letter with his card, reminding us that he spent last Christmas at the San.: "This time last year I was with you at the San. . . . Everybody used me well, and I made a lot more friends; and I was glad that so many of my old friends around there remembered me and came to see me. . . . I started back to work at the garage around the last of June, and have been working ever since. I am doing the same office work, but I have it easier now, and don't have so much running around to do." He concludes with very best wishes to all his San. friends. Very nice to hear from you, Earl.

Another welcome note that came with a Christmas card was from Dorothy Bradshaw Archibald, a former patient and long-time nurse at the San. Dorothy—or "Braddy", as everyone at the San. knew her—returned to her native P.E.I. last Spring in a very exhausted condition following the illness and death of her husband. She writes: "After a wonderful six months there I felt like a new person". She drove back to her home at Penney Farms, Florida in October and has been busy since then painting and redecorating it. She says she has not yet made up her mind whether she will stay there or return to The Island, where her brother lives. We know that wherever she is "Braddy" will be busy doing things for others.

We were happy to have a letter from Mrs. Irene Spicer, R.N., who retired from the San. nursing staff last Fall, and now makes her home in Spencer's Island, Cumberland Co. She writes: "I've been very busy digging out my belongings and finding the best place for them in my little house—which is very pleasant and comfortable. I never tire of watching the Bay—I love it here." It sounds so relaxed and restful that right now after a hectic holiday season, we're just a wee might envious.

WHAT IS A BALANCED DIET?

Today nutritionists say a balanced diet is made up of the "fundamental four." Some of each should be eaten daily, if possible:

BREADS AND CEREALS

Good for almost everything you need, especially when made with enriched flour.

VEGETABLES AND FRUIT

Wonderful for special vitamins and bulk. A green or yellow vegetable (for Vitamin A) and citrus fruit (for Vitamin C) should be eaten every day.

MEAT AND HIGH PROTEIN FOODS

(Peas, beans, nuts, fish, eggs.) For proteins, the building blocks of the body. Also gives you iron and special vitamins.

MILK AND MILK PRODUCTS

Important for strong bones and will give you special vitamins, especially when enriched with Vitamin D.

If you (and your family) eat **right**, you'll have more zip, more energy, and be less likely to get rundown and tired. Also, your body will be better able to fight most kinds of germs—colds, T.B., and other diseases.

N.T.A.

A small boy came home from his first day at Sunday School and, while his parents watched amazed, emptied his pockets of pennies, nickles and dimes. When his mother asked him: "Where did you get all that money?" the youngster replied: "At Sunday School; they've got bowls of it there."

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Just Jesting



After-Christmas Lament

When she comes home
 from shopping
 Her husband's big lament
 Is not that she's
 exhausted
 Only that she's spent!!!!

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A man excitedly reported to the police that he had been struck outside his house in the dark by an unknown assailant. A young policeman was sent to investigate. He soon returned and announced that he had solved the case.

"Fine work!" said his superior. "How did you do it?"

"I stepped on the same rake," he said pointing to a lump on his head.

Highway Sign: "Watch out for school children—especially if they're driving cars."

"Now, gentlemen," said the Sales Manager of the company which manufactured baby bottles, "we have 50,000 of these feeding bottles in stock and the company expects you salesmen to go out and create the demand."

MY SHADOW (With Apology)

I have a little shadow
 That goes in and out with me—
 I "take the cure" so that it won't
 Turn into a cavity.

An angry kangaroo suddenly yanked its offspring from its pouch and smacked it across the nose exclaiming bitterly: "I'll teach you to eat crackers in bed."

"My husband is so careless about his appearance. It seems he just can't keep buttons on his clothes."

"Are you sure it's carelessness? Per-

haps they aren't—uh—well, sewed on properly."

"Could be. He is terribly careless with his sewing, too."

A sweet young lady oyster was confiding to her girl friend about her romance with a dashing young lobster. "He's dark, handsome and real smooth," she sighed. "He took me to that secluded rock near the sand bar, looked into my eyes, whispered sweet nothings in my ear, and. . ." As she uttered these last words, she clutched at her throat, "Oh, good heavens—my pearls!"

One thing doctors do better than anything else is read their own writing.

"It was God who took out my tonsils," the little boy told his mother after his operation at the Poole General Hospital.

"When I was taken into the big room, there were two lady angels dressed in white. Then two men angels came in. Then God came in."

"How did you know it was God?" asked the mother.

"Well, one of the men angels looked down my throat and said—'God, look at that child's tonsils.'"

"Then God took a look and said, 'I'll take them out at once.'"

The conversation was reported by the hospital's newsletter.

In the window of an antique shop: Antiques and Junque.

Jud was winding his pocket watch at the gate or his farm dwelling when a traveling salesman drove up and asked, "What time is it, Mister?"

"We don't give time to strangers," answered Jud. "We've learned it's a bad policy."

"How's that?" asked the salesman.

"Well, if I give you the time," explained Jud, "you'll want to thank me and then I'll want to know your name and you'll want to know mine. Then we'll sit down and have a friendly chat and eventually I'll invite you in for supper. You'll meet my daughter who's pretty and cooks up a storm and you'll want to date her and she'll date you 'cause there ain't many men around here. Then you'll likely propose matrimony. She'll say 'Go ask Pa's consent,' and you'll come to me, and I'll have to turn you down 'cause I don't want my daughter marryin' no salesman that ain't got a watch!"

A wolf is a fellow who is leer today and yawn tomorrow.

Two cannibals were sitting around chatting amiably after a hearty meal. "That was some meal" commented the first, licking his lips."

"Yes, my wife makes a wonderful soup" replied the host, "but I'm sure going to miss her".

School Teacher: "Not only is he the worst behaved child in my class but he also has a perfect attendance record."

Mother Rabbit to her small child: "A magician pulled you out of a hat! Now stop asking questions."

St. Peter: "Where are you from?"

Patient: "I am from the TB San."

Satan: "Don't you send that guy down here. I had one from that place once and he was bound to keep the windows open all the time and we caught such a cold down here."

The husband suddenly found himself at the Golden Gate. St. Peter was there to welcome him.

"My goodness!" exclaimed the man. "How did I manage to get to this place?"

"Don't you remember?" St. Peter gently chided. "Your wife said to you, 'Be an angel and let me drive'."

Middle age is when you are grounded for several days after flying high for one night.

INS and OUTS

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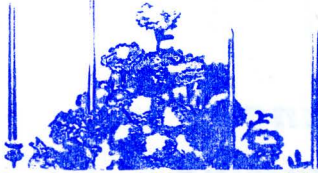
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