

NOVA SCOTIA SANATORIUM

VOL. 46

AUGUST, 1965

NO. 8

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DAILY: 10.15 - 11.45 A. M.

DAILY: 3.15 - 4.45 P. M.

DAILY: 7.30 - 8.30 P. M.

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

*Patients are asked to notify friends and relatives
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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>
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Asst. Roman Catholic Priest	<i>Rev. Thomas LeBlanc</i>
Salvation Army	<i>Capt. R. Henderson</i>
United Church—Minister	<i>Rev. K. G. Sullivan</i>
Sanatorium Chaplain	<i>Rev. J. D. MacLeod</i>

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

HEALTH RAYS

A MAGAZINE OF HEALTH AND GOOD CHEER

Authorized as Second Class mail, Post Office Department, Ottawa
And For Payment of Postage in Cash

VOL. 46

AUGUST

No. 8

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.

Medical Superintendent



Beginning September 11, our Out-patient Chest Clinic will operate as usual on Tuesday and Wednesday afternoons and also, for those persons who cannot attend at that time, it will operate, by appointment, with one physician in attendance on Saturday mornings from 10:00 to 11:30. This may help to relieve some of our overcrowding on occasions at the

Tuesday and Wednesday Clinics but, more particularly, is designed to make possible for people who need it a service not otherwise available to them except at very great inconvenience. So necessary is it that every ex-patient have at least a yearly re-examination on a lifetime basis and that people with chest symptoms be diagnosed as soon as possible, that our staff have established this additional service to the public at this time.

* * * *

Our new rest periods and "up" periods are working out very well, it seems. May I take this opportunity to point out, however, that there has not been any change in the time at which patients are expected back on their floors following walking or rehabilitation privileges. Please **be back** by 11:45 a.m. and 4:45 p.m. A few minutes late may not seem to be very important but it is when trays start going out before 12 noon and before 5 p.m. and some medications have to be given out before the trays. Please help the staff to avoid unnecessary confusion on your floor by being in your room by the above mentioned 11:45 a.m. and 4:45 p.m.

* * * *

Recently I received a very nice cheque for \$50 to be credited to our Professional

Education and Research Fund from a grateful patient who appreciated the care provided him at the Sanatorium. This donation was not anticipated but at the same time was most acceptable and appreciated. Without some clinical research and without continuing professional education of staff we cannot hope to continue to provide the best and the most modern care for patients with chest ailments. A personal letter of thanks, and a receipt for income tax deduction purposes, has been sent to the donor but it seems only right to acknowledge his generosity in this column.

* * * *

Some of you may remember the Halifax Tuberculosis Hospital when it operated as such. A few years ago it was converted into a Convalescent Hospital and the tuberculosis patients were sent here to the Sanatorium for treatment. Now the Convalescent Hospital is to be remodelled and the lobby modernized. As a result, a number of memorial plaques and pictures were removed and sent to the Sanatorium where they will be placed appropriately to perpetuate the memories of three devoted workers in the tuberculosis field. They are William Gerald Foley, for many years president of the Halifax County Tuberculosis League; James Clarence Jones, who also served the League for many years; and Miss Mary Lyons, R.N., first superintendent of the Halifax Tuberculosis Hospital and before that, a member of the nursing staff of the Nova Scotia Sanatorium in 1904 when it opened. We are happy to display, appropriately, these memorials to persons who contributed so much to the cause of tuberculosis control and care of patients.

* * * *

The Sanatorium staff were pleased and honoured to have a visit on July 25 to 27

Cont'd on page 7

The Canadian Tuberculosis Association Its History And Programme

By C. W. L. Jeanes, M.D.,
Executive Secretary

The Canadian Tuberculosis Association is the oldest voluntary health body in Canada, having been founded in 1900. At the beginning of this century groups of individuals across Canada, who were desperately concerned about the lack of treatment facilities for cases of tuberculosis, determined to establish a TB programme. These groups in a number of cities in Canada laid the foundations for the voluntary tuberculosis movement which now exists in all provinces and in the Yukon Territory. The Canadian Tuberculosis Association acts as the national coordinating advisory body to these ten Provincial TB Associations and the one territorial Association. In addition, it provides liaison with government departments of health at all levels—federal, provincial and local—and works closely with other health organisations in Canada, the United States and overseas.

The success of TB work in Canada this century has been due to the cooperation between government departments of health and voluntary TB Associations who have accepted responsibility together. It has been possible for voluntary associations to demonstrate needs and methods, and these were proved to be successful. It has, in so many cases, then been possible to elicit government aid to take over such proven programmes, leaving the voluntary associations free to pioneer new methods and techniques.

Since the year 1900, when the mortality rate from TB was 90% or higher, slow but steady progress has been made in the fight against this disease. We have passed through the eras of long-term sanatorium treatment with prolonged bed rest, pneumo-thorax and other collapse measures, surgery, and drugs. Now in 1965 we can look back on phenomenal progress with the mortality cut to a fraction of what it was even 20 years ago, a remarkably shortened treatment time in sanatorium, completely adequate facilities for diagnosis and treatment everywhere in Canada, and very successful drugs for treatment of this disease.

And yet TB still is a disease of extremely serious significance to us in Canada with nearly 5,000 new active cases diagnosed in 1964, more than from any

other chronic infectious disease. There are approximately 200,000 individuals requiring follow-up after care at chest clinics. The annual cost to the taxpayer for tuberculosis services across country is about \$100 million, and the cost in human suffering is still of great significance, even though the time necessary for an individual to be in hospital is cut to months rather than years.

The task of the CTA and its provincial and local branches in 1965 is therefore to try to overcome the problem of complacency brought about by the partial success of our programmes. The average person thinks that TB has been eradicated and that it is no longer of any concern in Canada—and this with 5,000 new cases per year! It is a problem to persuade many patients to complete the necessary two years of drug treatment: they feel so well after only a few months that they neglect their treatment and about one in five break down through their own neglect. How sad when treatment can be so effective and permanent!

The danger of the undiagnosed case is still of the greatest importance. There have been quite a number of explosive local outbreaks of TB in various parts of Canada in the past two years.

The greatest objective of the CTA therefore still remains the prevention of tuberculosis by early diagnosis of every case and ensuring that it receives adequate treatment for the full length of time. In order to do this and to make the necessary impact on the public, a very strong health education programme of the general public is carried out everywhere in Canada by the Canadian Tuberculosis Association and its branches. Full use is made of pamphlets, posters, films, the press, radio and television and by contact with special groups, such as teachers and school children.

The professional education of doctors is a very important part of the Association's programme. Its medical section, the Canadian Thoracic Society which has also its provincial branches in most provinces in Canada, is a scientific medical society which meets regularly to hear the latest reports from members on their work in TB and related fields of chest disease.

This dissemination of medical knowledge is extremely important, so that new knowledge concerning diagnosis, methods of treatment, etc., can be made rapidly available to every physician in Canada, for the benefit of his patients wherever they may be. Also, as part of the medical education programme, the Association organises special lectures and exhibits at medical meetings of the Canadian Medical Association and the College of General Practice and also arranges for one physician to go from Canada to Britain each year on an exchange basis, so that there may be a sharing of medical knowledge between our two countries.

In the same way, the Association's Nursing Section provides an educational programme for nurses in all parts of Canada, through meetings and special refresher courses. In 1965 a special Training Institute for nurses was held at Dalhousie University, and over 250 nurses attended to be brought up to date on the latest techniques for the nursing care of TB and of other chest diseases.

In some parts of Canada the Association is responsible for the rehabilitation programme and some very active and valuable work is done in this field.

There are still many unsolved problems in the field of TB, and the Association is endeavouring to answer at least some of these through its Research and Fellowship Programme. This year over \$77,000 is being spent on specialised research projects in universities and hospitals across Canada in an attempt to find the answer to some of these problems including such things as the investigation of patients crippled by shortness of breath, the problem of blood supply to the lungs, the investigation of an outbreak of histoplasmosis, a fungus disease of the lungs, in Montreal, the extremely complex task of endeavouring to carry out lung transplantation and the search for new drugs likely to be of benefit to patients suffering from chest diseases.

Besides the above programmes in Canada, the Association still feels very great concern for the enormous problem of TB in so many countries of the world. It is estimated that there are 15 million active cases and three million deaths each year in the world. So many countries have TB still of staggering proportions with the great problems of poverty and squalor and lack of facilities for diagnosis and treatment. The CTA therefore assists the Mutual Assistance Programme of the International Union against Tuberculosis. We have made generous contributions to

help in the Ivory Coast, where out-patient treatment clinics called "Canadian Clinics" have been established, to which patients can come for their daily dose of anti-TB drugs. A grant of \$15,000 has been made this year to Ceylon to assist in the setting up of TB Associations there and to help and get their programmes organised. This support of countries less fortunate than ourselves in their TB situation is extremely important.

In all this work, it is, of course, necessary to have funds and these are provided through the Christmas Seal Campaign which continues to be generously supported by people all across Canada, and yet the funds are never sufficient for all the work that needs to be done.

Great progress has been made in Canada in this century in the fight against TB, but this disease by no means is controlled, and we cannot afford to be complacent. Tuberculosis is a community problem for which everyone has a responsibility. We have to continue to work energetically on our TB programmes at all levels. The CTA still has a very big task to do in persuading people to use all the medical facilities which are provided by family doctors, health departments and the voluntary Tuberculosis Associations all across Canada. There is a tremendous job still to be done in which everyone must play a part if we are to achieve success.

Cracker Barrel Cont'd

from Dr. Raymond H. Andrews, Chest Physician, Ramsgate, Kent, England. Dr. Andrews is the Overseas Scholar of the Chest and Heart Association of Britain and as such has travelled across Canada to British Columbia, south to San Francisco, then east to Texas and Washington and New Orleans, north to New York and Boston and made his final visit in Nova Scotia before sailing home from Montreal. This travelling Scholarship afforded him an opportunity to observe what other people are doing in regard to finding and caring for persons with tuberculosis. It also provided his hosts with an opportunity to hear about tuberculosis services in Britain and in other areas where the Scholar has worked. In the case of Dr. Andrews this happened to be for three years in Madras, India, where very important and interesting treatment trials have been carried out. Dr. Andrews returns to England tired but rewarded by the acquisition of many new friends during his tour of duty.

In Emphysema—The Body Is Starved For Oxygen

Reprinted from **Stay Well Every Year of Your Life** by Joseph Molner, M.D. via **Blue Print for Health**.

LETTERS TO me via my newspaper column are beginning to include more questions like this:

Dear Doctor:

I have just learned that I have emphysema. I hope that is spelled correctly. I never heard of it before, but it is making me very short of breath. What can I do about it? Is it curable? What causes it?

R.J.T.

Yes, emphysema is spelled right (and pronounced em-fizz-zee-ma). And of course it will make him short of breath; that is the fundamental symptom of this disease. Everyone is going to hear a great deal about this problem in the future. It is already so prevalent that some authorities are saying that it kills more victims than tuberculosis and lung cancer combined.

Emphysema is a loss of elasticity in the lungs. To understand why this is a peril to health and even to life, we'd best review the physiology of breathing.

When we take a breath, what we really do is exert force with the diaphragm and chest wall, opening the lungs to greater capacity. It is just like drawing air into a bellows. Air rushes in as the diaphragm descends.

We exhale simply by relaxing. The springy lung tissues contract to their original size, forcing stale air out as the diaphragm moves up.

What happens when the lungs lose their ability to contract? They do not force the stale air out. Instead, like a balloon that has been blown up too often and has lost its stretch, the lungs simply hang slackly, still containing much of the air that had been drawn in.

By the laws of physics, two things can't occupy the same space at the same time. If air is already in the lungs, fresh air can't be drawn in.

To be sure, the patient with emphysema manages to expel some air and to draw in an equivalent amount, but he does not get nearly as much fresh air as he should.

He struggles to get a full breath; over a period of time this constant effort gradually brings an actual expansion of the chest. Unless what really has happened is understood—that there is loss of ability

to exhale—it can be difficult to comprehend that the victim is being starved for air. Starved for fresh air, that is, for his lungs remain full of air depleted of its oxygen content saturated with carbon dioxide instead.

How to Combat Air Starvation

The letter we're discussing asked, "Is it curable? What causes it?"

Emphysema may have a number of causes. Why one person develops it and another does not depends on their exposure to certain factors and the stamina of the lung tissue. Repeated infection or irritation on the bronchial tubes, with intermittent coughing, is one cause. Heavy smoking may thus be a factor. Some physicians refuse to accept an emphysema patient for treatment unless he stops smoking completely. Exposure to irritating fumes or dusts can be another cause. Most patients with asthma have some degree of emphysema, as well.

There is no cure for emphysema. Rather, we try to relieve the distress and to prevent further damage to the lungs. Trying to put the "stretch" back into the lung tissues is as frustrating as trying to put the stretch back into a rubber band that has become brittle and has no snap. (I do not, however, imply that the lungs become brittle.)

As the trouble continues, the blood does not get enough oxygen as it passes through the lungs. In turn, the tissues of the entire body cry out their physiological signals, demanding more oxygen. The heart responds by working harder, but merely circulating oxygen-poor blood at a faster rate avails little. The lack is not blood; it is oxygen. In time, obviously, the heart must begin to fail under this unrelenting burden.

Does this seem like a gloomy outlook? Well, it is. This a dangerous disease, and we aren't going to do any good by hiding our heads in the sand. We must face the fact that first comes shortness of breath, huffing and puffing over what should be minor exertion. More severely afflicted patients become invalids, or semi-invalids, unable to work. Finally, the disease can cause death, and it is doing so more often than is realized by people who have not yet had occasion to know about emphysema. Or, the ailment may run a very slow chronic course, not causing severe symptoms unless some complication ensues.

For all this, there are things we can do about it, even if we can't cure it. We can't cure diabetes or pernicious anemia or a good many other things, either, but we can do much to control them. (In the two diseases I just cited, patients now, with proper medication, have an excellent chance to live out their normal life spans.)

We cannot yet undertake to do that well with emphysema. On the other hand, emphysema rarely affects young people. The patient very likely has little or no suspicion of what is happening until he is in his forties, fifties or sixties, for we are born with considerably greater lung capacity than we need.

A person who isn't especially athletic can lose as much as three-quarters of his "breathing ability" before he really begins to notice that anything is wrong. A rather simple test with a device known as a "spirometer" will indicate some lessening of an emphysema patient's ability to exhale long before he can begin to notice any deficiency himself.

Others who have had impairment of breathing creep up on them, frequently tell of having experienced some shortness of breath or a nagging cough for some time.

Treatment of emphysema should be started when the disease is in an early stage, not after it has become disabling. Fortunately, a variety of methods are available but your physician must decide appropriate treatment for you.

He will ask you to give up smoking. Whatever lung space is filled by smoke or

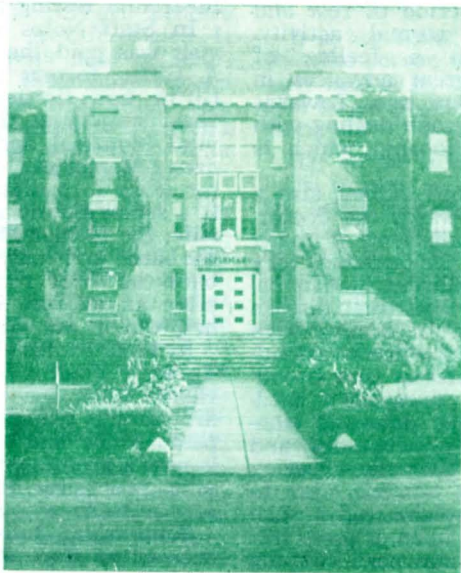
fumes of burning tobacco is space subtracted from that available for fresh air. Rocking beds can be used to help breathing while the patient is lying down or sleeping. Relief is also afforded by giving pure oxygen and some patients keep small tanks in their homes.

Patients with emphysema need abdominal-diaphragmatic breathing training. If appropriate, drugs may be used to suppress infection that, by causing swelling and tenacious sputum, may curtail the space in the air passages through which the breath must flow. In some cases, postural exercises help both breathing and drainage.

The net result not only is more comfort and activity for the patient but also relief from the endless burden of trying to gasp enough air into his lungs. Since we breathe something like 20,000 times a day, the struggle for breath adds up into a great deal of sheer physical effort in 24 hours.

Finally, it goes without saying that increasing the total oxygen intake by any or all of these methods is bound to take excess burden off the laboring heart. We husband the body's total strength instead of letting it be sapped.

The time is surely coming when we will all be doing a great deal more to prolong the usefulness of our lungs, and that means prolonging our lives. The pity is that today millions of people are not aware of the precautions they can take now to add years to their lives, and to add even more years to their useful lives.



30 Years Ago

The July-August 1935 issue of **Health Rays** opens with a poem then as now a great favorite of the then as now editor. It is "On the Grasshopper and the Cricket" by John Keats.

The poetry of earth is never dead:

When all the birds are faint with the hot sun,

And hide in cooling trees a voice will run

From hedge to hedge about the new-mown mead;

That is the Grasshopper's—he takes the lead

In summer luxury—he has never done
With his delights; for when tired out with fun

He rests at ease beneath some pleasant weed.

The poetry of earth is ceasing never;

On a lone winter evening, when the frost
Has wrought a silence, from the stove
there shrills

The Cricket's song, in warmth increasing
ever,

And seems to one in drowsiness half lost,
The Grasshopper's among some grassy
hills.

The main article for this issue is called "Right Curing—and Wrong", and it contains much good advice that will always pertain to cure-chasing. On reading it today, however, one is stuck with what seems a morbid persistence of the theme: that the patient must prepare himself for a very prolonged period of rest and abstinence from all normal activity. One finishes it with a feeling of thankfulness for the great advances in treatment since 30 years ago. Towards the end there is a paragraph dealing with the doctor-patient relationship which is worth repeating:

"Seriousness of purpose implies also a co-operative attitude towards the doctor. A physician is not omniscient as many people think judging by the questions they ask him! He is an intelligent human being trained to diagnose and treat disease in other human beings. In dealing with tuberculous patients this office is extended to being guide, comforter and friend' For the doctor hears everyone's hard-luck story, whether it be domestic troubles, insufficient funds or what not, and it is his privilege to give the cheering word and often more tangible aid. In tuberculosis, where medicine plays such a small part and the regimen of food, rest and fresh air such a large part, calming

the patient's fears forms nine-tenths of the physician's work. Anxiety about what the future holds, especially if things are not going well, is common to every Tb. patient. The disease tends to render the nervous system unstable, and with a person of naturally nervous temperament, these spurts of fear are a real problem".

There is a Famous Tb-er story in this issue, that of the well-known author, William MacLeod Raine. He was a school teacher when diagnosed tuberculous, and during his curing days he took up writing, going on to fame and fortune as the author of many stories of the Wild West.

The Editorial Comment stresses the need for examination of the contacts of tuberculous cases, thus: "With the cases of tuberculosis in Nova Scotia estimated to be between 2000 and 2300, and with the further premise that each of these has an average contact of three, we have the alarming number of 6000 persons who should be under supervision for possible tuberculosis development. Too much emphasis cannot be laid upon the importance of x-ray for those who have had contact with a sufferer from tuberculosis. Those who by its aid make an early discovery of the disease have an inestimable advantage towards recovery". The importance of examination of contacts has in no way lessened with the years—the main difference is now the ease with which these examinations can be made through the tuberculin testing method.

In Staff Notes we read: "A welcome visit was paid the Sanatorium by Dr. A. A. Giffin, former resident physician. Dr. Giffin has finished his internship in chest surgery at the Royal Victoria Hospital, Montreal, and now goes to the Children's Memorial Hospital in the same city for work in pediatrics". Today Dr. Giffin is a senior physician in Kentville, and his wife, the former Muriel Hubley, who was the one and only San. lab. technician back in 1935, returned this past year after an absence of nearly 30 years to help out in our lab.

In Floor Notes this item from Pavilion Three: "James Duguid, Canteen and Health Rays Office Boy, was to be found around the Women's Annex but now appears to be lost". The same Mr. Duguid is now a prominent business man in Kentville, proprietor of J. M. Duguid, Jewellers, and one of our valued advertisers.

Sanatorium Activities gives a very full account of that old-time San. institution,

the annual picnic. This took place as it had for so many years at Delhaven, on the shores of the Minas Basin. And as usual the main event was a noisy, hard-fought softball game and a series of races, from a 50 yd. dash to a potato race. Needless to say the staff and visitors were the participants in these athletic contests, with the patients interested and partisan spectators. Time has wrought changes in both the Sanatorium and Delhaven. The Sanatorium, less a resort and

more a hospital, no longer has the great family picnic, while a trip in search of Delhaven today makes one wonder about the value of real estate on that crumbling coast.

Pet Joke of the month: The freight agent on one of the western roads received a shipment on which was a donkey, described on the freight bill as "one Burro". After checking his goods carefully the agent made his report: "Short one bureau; over, one jackass".

Wish You Were Young Again?

Come September about three million young Canadians will suddenly appear from somewhere to go back to school. The small ones are frankly excited by their new scribblers, rulers, pencil boxes and erasers. The high school gang tries to look bored without very much success because they are so glad to see each other that they don't fool anyone.

As they go down the streets one can see adults look at them with a little smile and then almost surely you hear someone say with a sigh "I wish I was young again." In fact, more of us have said something like that ourselves.

Why don't we do something about it?

First, what is it that makes the young so different? It isn't just the colour of the hair—for note that some of the high school girls have the hairdresser achieve a steak or streaks of grey in theirs. It isn't just that they aren't bald or wearing bi-focals. Some of them have glasses and a lot of grownups with thick hair feel as old as the pyramids and haven't much more change of expression than those same architectural specimens.

The quality that distinguishes the young is one of outlook. For one thing they are learning. They are finding out new things about places, nations, science, art. They are learning how to say what they think clearly enough for other people to understand it. Some of them even go so far as to learn another language so that they can make a better job of understanding other people and of telling other people how a proposition looks to them.

If we just have the good sense to imitate them, to keep on learning, we can do a lot to stave off the undesirable effects of advancing age. Oh, the muscles give out. We haven't as close vision as we used to

have. There comes a point where we don't remember as quickly as we once did. Stairs become steeper. Hills higher.

But for all that those who specialize in studies of old age seem always to come up with the answer that those who keep their minds alert by learning new things fare better as far as aging goes than those who settle down merely to being entertained. Stretching the mind seems to help keep its elasticity.

Dr. Wilma Donahue, a specialist in old age at the University of Michigan, says that if you're going to **think** you're old, and shun new contacts and outside interests, why you're going to **be** old. The march of time and the accidents of physical health bring on old age, all right, Dr. Donahue says. But so does your mental attitude.

It is her belief, based on a lot of study, that the person who lets himself get mentally lazy is making himself old as much as if he got physically sick and emotionally worn out.

Her advice is to study something new—learn to play an instrument, make ceramics, speak French. . . German or Spanish, or take a course in studying great books or keep in contact with young minds by finding out what the Angry Young Men and also the other young men and some bright young women are writing.

But keep the brain working.

TB—AND NOT TB.

Life is not as idle ore,

But iron dug from central gloom,
And heated hot with burning fears,
And dipt in baths of hissing tears,
And battered with the shocks of doom
To shape and use.

—Tennyson

Question Box

Dr. J. J. Quinlan



Q. How thorough is tuberculin testing of groups in finding tuberculosis cases? Is it as sure as X-raying?

A. A properly administered tuberculin test is the most important means at our disposal in the diagnosis of tuberculosis. Except in very rare instances, if the tuberculin test is negative, the individual does not have the

disease and, if it is positive, living tuberculosis germs are present in the body. In the latter instance, further investigation will be required to determine whether or not treatment is necessary.

Besides being more economical, the tuberculin test is much more accurate in finding tuberculosis than the standard X-ray film in which it is not unusual for an early tuberculous lesion to remain undetected because of superimposition of the shadows cast by the normal structures of the chest. However, the X-ray is indispensable in the follow-up of positive tuberculin reactors.

Q. Does the blood of a tuberculous patient differ from that of a normal healthy person?

A. The blood changes due to tuberculosis are usually very slight, except in cases of advanced disease with considerable toxicity. Ordinarily, estimation of the hemoglobin reveals essentially normal values, and significant anemia is present only in the active advance type of disease. Many patients have a slight increase in the white blood cells in the early months of their disease, whereas when improvement occurs the white cells tend to be less. The sedimentation rate of the blood cells is usually elevated, particularly in the more active forms of the disease. However, by and large, it may be said that except for the increase in the sedimentation rate, the blood of the tuberculous individual does not differ from that of a healthy person.

Q. Is there any danger of drainage from an infected lung into an uninfected lung if the patient lies on his good side?

A. In the conscious individual, even one who produces large quantities of sputum, there is very little danger of drainage from an infected lung into the good lung, with the patient lying on the uninvolved side. The cough reflex ensures that any secretion entering the good lung will be immediately coughed out. In some cases, however, the secretion is so profuse, e.g., during a severe hemorrhage, that it will flood the good lung because the patient's cough is not able to take care of such a large amount of fluid.

It might be noted that at the N.S. Sanatorium, all our major thoracic operations are done in the lateral position, where the patient lies on his good side. This was so, even in the days before drug treatment was available and when the common operation was thoracoplasty done in many cases on patients with large cavities and profuse amounts of sputum. While many of the earlier thoracoplasty procedures were done under spinal anesthesia with the patient, in many cases, awake, in most instances some type of general anesthesia was employed. In spite of the fact that all factors favouring a spill-over were operative, an anesthetized patient lying on his good side while an extensively diseased lung was being collapsed, there were very few instances of spread of disease to the good lung.

Q. When one is told that one has tuberculosis of the throat, what part of the throat is meant?

A. In practically all cases, the reference is to laryngeal tuberculosis which used to be a fairly common complication of pulmonary tuberculosis in the years before drug treatment was available. Nowadays, it is rather infrequently seen. It is due to the direct contact of large quantities of tubercle bacilli with the structures of the larynx and, therefore, one would expect the finding only in patients with advanced pulmonary tuberculosis.

Q. Is it possible to have activity in the lungs while running a normal temperature and pulse?

A. It is assumed that the question refers to active pulmonary tuberculosis. It is not at all unusual to have very active

Cont'd on page 26

Family And Friends Can Be The Deciding Factor In A Patient's Recovery

To enter the hospital as a patient is a crisis in a person's life. The man or woman coming to the hospital must leave the familiar and the dear for a strange environment at a time when the nearness of loved ones is most important. The patient does not know what experiences lie ahead. He does not see a familiar face. He does not understand his disease and the whys and wherefores of his treatment. How normal to feel frightened and alone!

That is why every patient is different in certain ways from what he was before coming to the hospital. Matters which concerned him in health seem of no importance now. Problems which he felt well able to master when well may disturb him now. That which entertained or amused him formerly may bore him now. He sees his entire way of living in a new perspective; he takes stock of himself; he asks fundamental questions that he may not have thought of for years.

He wonders why he is in the hospital—why did this have to happen to him—what has he accomplished in life so far—and what will next week or month hold for him? He wonders about life, its meaning, his reason for being.

A dedicated hospital staff and personnel recognize these things about the patient and exert every effort to secure his trust and to bolster his courage while treating him with the best medical skill. The hospital, with its large investment in labor and love and money, was built to restore to health and active life those who come to it. But this task which has been so carefully prepared for cannot be accomplished by the hospital staff alone. It needs the help of the patient's friends. Thoughtful acquaintances, devoted friends, and loving family often are the deciding factors in the recovery of a patient.

He who enters the hospital for the treatment of tuberculosis, has greater difficulties than most hospital patients since his stay is more prolonged. The first thing that his family can do in helping him to adjust and to speed his recovery is to relieve his haunting fear that he may have unwittingly infected his loved ones with Tb. germs. As soon as the patient is settled in the sanatorium all the members of his family and anyone else who has been closely associated with him should have a tuberculin skin test. If this is found to be positive it should be followed up with a chest x-ray. A clean bill of health for them will help the pa-

tient relax and stop worrying about his family's health.

Mail time can either brighten or darken the whole day for a patient. A looked-for letter which isn't received brings all sorts of worries about home affairs. It can easily ruin the day, make the patient restless and dissatisfied and cause him to think of leaving the hospital against the doctor's advice. On the other hand, cheerful affectionate home letters filled with interesting and informative news about the family and home doings can do much to make the patient satisfied with the hospital. When the sick one is fully assured that home conditions are good, he is better able to relax and give full thought to getting well.

Visiting a patient in a hospital is entirely different from making a social call. Visiting the sick is more than a casual social duty. The visitor is at the hospital because he wishes to help the patient. There is probably no greater proof of a person's maturity and wisdom than being a good visitor.

A good visitor is sensitive to the patient's needs, fears, and worries. He brings joy, peace, and a sense of well-being not always so much by what he says as by what he refrains from saying and not necessarily by his talking, but by his listening. He does not stay long enough to tire the patient. He speaks calmly and confidently, guiding the conversation away from subjects which seem to excite or disturb the patient. He realizes that too many visitors at one time may be disquieting to someone in bed so he doesn't carry all the cousins or a neighborhood of friends with him when he goes to visit.

He shows some common sense about the patient's disease. He follows the directions of the hospital for protecting himself: not sitting on the patient's bed, not kissing, not being unduly careless in any way. On the other hand, he doesn't go to the other extreme—panic, and be afraid that he'll catch the "bug" if he goes near the hospital. He remembers that he had been in contact with the patient, if they're closely related or good friends, for some time before the patient entered the hospital, when the patient's disease might have been more contagious than it is now.

If the visitor has a cold or isn't feeling well he asks someone to substitute for him. A sick person is having enough trouble fighting his own germs. He doesn't

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HEALTH RAYS

VOL. 46

AUGUST 1965

No. 8

STAFF

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

Subscription rates\$1.00 per year
15 cents per copy

EDITORIAL COMMENT

The Canadian Tuberculosis Association has been in existence for 65 years, but its proud age does not guarantee full knowledge of its purpose or its works by those vitally concerned about tuberculosis. It is with pleasure and gratitude, therefore, that we accept and offer to our readers the article contributed by Dr. C. W. L. Jeanes, executive director of the Canadian Tuberculosis Association, dealing with the history and programme of the organization.

Dr. Jeanes in his line of work travels throughout Canada and in other lands, and has gained a clear-eyed understanding of the tuberculosis situation in the world today. The great progress that has been made in this century in the fight against Tb. is a matter of pride to him, but he is in on way complacent about it. In a major article appearing in a recent **Star Weekly**, Toronto, Dr. Jeanes was quoted as saying: "We haven't beaten TB. We haven't even got it under control. With 6,000 infectious cases a year on average over the past five years in Canada, it still remains our most serious communicable disease. About a quarter of a million Canadians are ex-TB sanatorium patients, and another quarter of a million will develop active infectious TB unless they take steps to prevent it." He gives us all something to think about when he says: "We should be ashamed of every new case that breaks out. It means that somebody has been neglectful. Before we can hope to beat TB we've got to overcome our complacency towards it".

Among Tb.'s most famous and tragic victims was the English poet, John Keats, whose ode "On the Grasshopper and the

Cricket" is to be found in the column "30 Years Ago", this issue. Although he succumbed to the disease in his 26th year, the quality of his work has made his name synonymous with poetry. It was in Rome, 1821, that he died from the ravages of tuberculosis, in a small room up two flights of dark stairs in a house that borders the celebrated Spanish Steps. We went to that room one day, when Dr. Hiltz was attending the 1963 conference of the International Union against Tuberculosis in Rome. Looking out the window to the bright scene below, one wondered how many of the thousands of visitors to Rome, all of whom seem to find their way to the Spanish Steps, know that when they say: "A thing of beauty is a joy forever" they are using the words of that poet of beauty who much too early lost his fight with tuberculosis in the bare little room above.

TEEN AGE IDOL OFFERS ADVICE

"As a kid of 15 I had two problems which, I think, fed my zeal to excel. First—I was only about 5' 1" high . . .

"The second blow—one I have never mentioned in print before—is a bout I had as a kid with TB. Tuberculosis to me had never meant anything but a stamp one licked at Christmas time. Now I had it. That brush with deadly disease made me even more serious than I had been. It gave me time for the kind of reading, personal stock-taking, and direction-finding which made me realize that the years, the days and minutes are too precious to waste—that teen-agers should steer their destinies long before they reach 21."

—Paul Anka, in *This Week Magazine*

MISS MARKHAM VISITS SAN.

Last month the Rehabilitation Department enjoyed a visit from Miss Margaret Markham, whom many of our readers will remember as Occupational Therapist with the Rehab. Department some years ago. She now makes her home at 62 Queen St., Dartmouth, and is employed teaching slow learners in the Bicentennial Junior High School, Dartmouth.

We were especially pleased to hear good news of Miss Markham's father, who served as Anglican chaplain at the Sanatorium for a number of years. Mr. Markham is now living at the Willow Nursing Home on Inglis St., Halifax. He is past his ninety-third birthday, but is keeping up with the latest books, such as Pierre Berton's "The Comfortable Pew". In spite of recent surgery he is still able to attend church regularly. He carries on a large correspondence with many friends, particularly ex-Sanatorium patients.

BRIDAL SHOWER

A bridal shower was held in July at the home of Mrs. Margaret Lord for Marilyn Barnes, whose marriage to Robert Schaffner, son of Dr. and Mrs. V. D. Schaffner, is announced for August 7. Her friends of the stenographic and other staffs managed a complete surprise for Marilyn, who had been led to believe she was being taken to a movie. The shower was miscellaneous and many beautiful gifts were received. We extend all good wishes for a long and happy married life to Marilyn and Rob.

Mother Nature, most patient of all mothers, sees that we all eventually stop smoking—and the more we smoke the sooner we stop.

NURSING NEWS

On July 13th the Sanatorium Staff, gathered in the Conference Room, Service Building to attend a tea and presentation for Mrs. Lydia Morton, R.N., Head Nurse on 1st East on the occasion of her retirement. Mrs. Hope M. Mack, R.N. Director of Nursing, paid tribute to Mrs. Morton in her opening remarks and presented a gift from Nursing, Medical and other staff members. A poem written by patients was read and will appear in the Health Rays. Dr. J. E. Hiltz, Medical Superintendent, expressed appreciation for services and presented Mrs. Morton with her public service award.

All staff joined in wishing her happy years of retirement.

Miss Quinlan, Dietitian and her staff provided the delicious refreshments. Miss Madeline Spence, R.N., Director of Nursing Service and Mrs. Cecilia Rose, C.N.A. presided at the tea table. Those assisting with serving included Miss Vilda Skerry, R.N., Mrs. Catherine Boyle, R.N., Miss Gayle Wilson, R.N., Mrs. Lyn Lewis, R.N., Miss Helen Comeau and Mrs. Edna Doucette.

Mrs. Carol Weatherbee, C.N.A. has rejoined our staff.

Mrs. Patricia Gaudet, new staff member. Forthcoming marriages—Miss Elsie LeBlanc—July 24th. Miss Jeannette Young—August 14th.

All members of the Nursing Staff are attending Doctor's lectures for a "Refresher" in Tuberculosis Treatment.

A FACT

Many cases of bronchiectasis begin with such respiratory diseases as flu, pneumonia and tuberculosis. Or children may come down with a severe attack of whooping cough or measles. These diseases can weaken the walls of the bronchial tubes and cause the pockets of infection to form.

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 THY WILL BE DONE

Each day as we offer our daily prayers, we recite, in the Lord's Prayer, the above phrase "Thy Will be done on earth as it is in heaven." I wonder how many of us ever stop to meditate just a little on the full meaning of those words. Similar words were spoken by Our Divine Lord in the Garden of Gethsemani the night before He died. He lay prostrate on the ground, overpowered as it were by the sight of the sin of the world and the price He would pay for those sins on the morrow. His human nature cried out for relief from these sufferings, but His desire and determination to do His Father's Will overcame that desire, "Father—not as I will, but as You Will." A Complete surrendering to the Will of His Heavenly Father.

We know that the world is filled with crosses of all kinds, wars, earthquakes, famines, floods, sickness and other forms of misfortunes. We use very lawful and honest means to deliver ourselves from such troubles and afflictions. However we should always work and pray with this thought in mind, "If it is Your Will."

God wants us to do many things, but in a manner dependent on our free will and voluntary consent; and He makes His Will known to us through many channels. There are His Commandments, His Counsels and inspirations, the Gospels, the teachings of His Church, and the directions and instructions of those who represent Him for us in the world; our Clergy and Civic Leaders, our parents and teachers, and any others who may be placed over us by lawful authority. We should ask God's grace to recognise His Will as made known to us through these sources, and the strength to carry out His wishes.

If we are looking for an example of humble submission to the Will of God

we have it in the Holy Family. There we find the Incarnate Son of God submitting Himself to two of his Creatures. We find Mary, the most perfect of all God's Creatures obeying the wishes of her husband; and we find Joseph, the least of the three members of the Holy Family, being referred to, respected, and obeyed as the Head of the Holy Family, because that was the Will of God. Truly an example for all of us who are looking for expressions of the Will of God in our regard.

So many times we fail to recognise authority simply because we don't like the person wielding that authority, and because we don't like that person we fail to obey and respect the orders and directives issued by him. We fail to see in that person the representative of Jesus Christ, and we fail to carry out the promise we make in the Lord's Prayer:—"Thy Will be done."

Let us always subject our judgment to the Will of God. By so doing we will glorify God. When oppressed by want, sickness, persecution, troubles or annoyances, let us turn them into golden treasures for heaven by praying:—"Thy Will be done."

One day a rich but miserly man came to a rabbi. The rabbi led him to the window. "Look out there," he said, "and tell what you see."

"People," answered the richman.

Then the rabbi led him to a mirror and asked, "What do you see now?"

"I see myself," said the man.

Then the rabbi said, "Behold—in the window there is glass, and in the mirror there is glass. But the glass of the mirror is covered with a little silver, and no sooner is a little silver added than you cease to see others and see only yourself."

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Old Timers

There were so many bridal showers and farewell parties at the San. lately that we wonder how Anne Marie had time to collect her Old Timers news at all. And speaking of showers, we surely could do with some of the kind the gardens need. Up to the time of writing (late July), this has been one of the driest summers on record—wonderful for holidayers and picnickers, but worrisome for gardeners and the farmers.

Congratulations to Bun and Bessie (Adams) Akin, who last month moved into a new home of their own. Bessie, Bun and Denise, who was one year old on July 29th, are now to be found on Wade Street, just good walking distance from the San. Bun is on the staff of the business office, and the very efficient business manager for **Health Rays**, while Bessie continues to be one of the friendly voices at the San switchboard.

Anne Marie gleaned most of her news this month from a visit by the Damerys—mother Lucy and daughters June and

Gallagher, who was here last January. He, too, is doing well at his home in Springhill.

News of two other Amherst Old Timers was given by the Damerys: Alice Marks, who was here in 1950, and Isabel Matheson, 1953. Both are fine. News also of Joyce Cavanagh, with whom they correspond. Joyce was here in 1956 and now works in a store in Wolfville.

Colin Lonergan, who left here in 1963, came in for a check-up. He says he is taking it easy at his home at Dalhousie Road, Kings county.

Janet Roach, who was one of our Annex little girls in 1962, wrote to "Hammy" to say she has graduated from Grade 3 into Grade 4. Good for Janet!

June Wegger, who left the San. last Spring, in a letter to Dr. Holden asked to be remembered to the staff. She says she is living a lazy life at her home at St. Margaret's Bay Rd., Armdale.

Carl and Eleanor Wagner had a visit from Vernon Wolfe during the summer. Vernon, who was here in 1960, lives in Liverpool and works at the Steel and Engine Products Co. there. The Wagners report that he looks wonderfully well, and that he is the proud parent of a new baby.

Another 1956 Old Timer to visit here in July was Father James Mombourquette, who is the curate at Petit de Gras in beautiful Isle Madame, C.B. He came to Kentville to take home "his boys" who had been attending the summer Hockey School here.

Dr. Rostocka, who ranges far on her holidays, this year drove to the West Coast. She stopped in Banff, Alberta, and while there took Sister Mary Mildred, a 1957 San. Old Timer, for an outing. Another Old Timer, Sister Mary Michaela, who was here in 1953, is also on the staff of the Mineral Springs Hospital in Banff. Anne Marie had a card from Sister Mary Mildred telling her the news. She says they enjoy their life at Banff, and asked to be remembered to all her friends here. She also remembered Pat MacEvoy with a card.

Back in 1946 John MacLellan worked in the Canteen, and was a very well known and popular figure around the San. He is Industrial Arts teacher at the Brookfield Rural High School, Colchester county, and in the summer comes to Greenwood as an instructor at the Air Cadet Camp there. Each year he checks

THIS HALF PAGE IS WITH THE
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Audrey, who were all here in 1955. Audrey is now Mrs. Arnold Jones, and is a housewife in Springhill, where her husband owns a dairy business. Lucy and June still live in Amherst, and Lucy has taken over Audrey's former position as receptionist in the office of Dr. Myers. June works at the E. L. Casey Construction Co.

Coming in for her check-up along with "the Damery girls" was Margaret Briggs, who was here in 1959. She works with the Christie Trunk and Bag Co. Ltd., in Amherst.

June Damery told of a visit they had had from Lois Cohoon last winter when she brought her little girl to Amherst to compete in a skating contest. Lois, who was here in 1956, and lives in New Glasgow, is very well. June said she is looking forward to a visit from another 1956 Old Timer, Pearl Penny, later this summer. Pearl is now a school teacher in Florence, C. B.

Audrey told of seeing Don Hamilton, who was here in the early '30's and lives in Springhill. He is a novelties salesman, and is well. She also spoke of Harmon

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in for a visit at the San., always with the same report: "Feels better all the time", and certainly he is the picture of health.

MRS. MORTON RETIRES

On July 13 a tea was held in the Conference Room in honor of Mrs. Lydia Morton, R.N., who retired after 15 years on the nursing staff. During that time she was charge nurse of Floor 1, East Infirmary, for many years, in which capacity she became one of the best known and warmly regarded members of the nursing staff. In addition to her professional duties, Mrs. Morton took an active interest in Sanatorium social functions through the years. Details of the tea are to be found in the Nursing Notes in this issue.

Mrs. Morton plans to make her home at 1619 Edward St., Halifax, with her sister and brother-in-law. Later this year she looks forward to a trip to the West Coast. On behalf of her very many friends among the readers of **Health Rays** we wish Mrs. Morton the best in health and enjoyment for her retirement.

STRANGE SIGHT ONE NIGHT

Strange sights are seen around the San. these days, and nights, too. One often sees a patient lightly attired—or a nurse off duty in shorts. But the strangest sight of all is to see an R.N. tripping along in her plaid housecoat.

Rumor has it that the nightwatchman was called to the nurses' residence to capture (they thought) a male patient who was acting the Peeping Tom. Much to everyone's surprise it turned out to be one of the R.N.'s who had forgotten to lock her car. After changing to her night attire she remembered. Why change back again? Down she went to the parking lot, locked the car and returned to her cosy bed.

Might I suggest that Mrs. Newcombe have her glasses checked. Surely anyone with good vision can tell the difference between a male and female, especially when they are walking away from one.

P.S. This incident occurred June 18th at 7.45 p.m.

—Observer from the East.

A man died and went to heaven. St. Peter checked his book of names and said: "I can't find your name. Would you please spell it for me?"

The man spelled his name, and St. Peter checked his book again. Then he said: "Say! You're not due until 1966. Who's your doctor?"

FAREWELL TO MRS. MORTON

Now Mrs. Morton is retiring, we are told,
But it isn't because she's all that old.
She's going to take a big whirl
At being a non-working girl.

No more alarms set for six a.m. hours,
With one ear to the radio for sun or showers.

No longer her familiar voice will boom:
"Bottoms up!" as she enters the room.
At no more bare derrieres will she have to stare,
Or ask the old question, where: here or there?

Some lengthy sermons she has spied,
That sometimes we wonder if she's in the right field.

Her answers to some questions leave little doubt

That she'd make a good candidate in a political bout.

On the new students she's tough, we hear,
Teaching them things they'll remember for years.

Now the maids and the orderlies we can't fail to mention,
Because they're given her constant attention.

If there's something that shows neglect
Someone will get old bloody heck.

All these things are for our own good,
we've been told,

And beneath it all beats a heart of pure gold.

She's taken some on a shopping spree
In the few hours she's had free.

There's many a thing she didn't have to do,
Giving gifts and doing hair, to mention a few.

Now, Mrs. Morton, before you depart,
Here's a few phrases straight from the heart.

The big and little things you do we appreciate;

And when you're sick, she's really great.

You've given us your best, I'm sure,
To try to satisfy our complaint with a cure.

Here's wishing you Good Luck and Good Cheer,

Both now and always, throughout the years.

—A former 1st. East Patient.

Psychiatrist: You have a persecution complex.

Patient: You're just saying that because you hate me.

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Discharges, June 16 to July 15:

Mrs. Vivian Phinney Schaffner, R.R. #1, Lawrencetown, Anna. Co.; Braden Russell White, North Noel Road, Hants Co.; Joseph Philip Doucette, Concession, R.R. #1, Church Point, Digby Co.; Stella Florence Jennings, 94 Commercial St., Dartmouth; Andrew O'Toole, 158 Queen St., Truro; Jessie Catherine MacVicar, Cate-lone, C.B.; Jessie Vesta Nickerson, 5 Starr's Road, Yarmouth; Mrs. Marie Made-line Boudreau, 193 Marsh St., New Glas-gow; Robert George Morrison, 176 Lis-gard St., Sydney; Mrs. Lillian Jeanette Dunphy, 2½ Belle Aire Terrace, Halifax; Fook On Hum, 428 Gottingen St., Halifax; Robert Harold Guest, 25 Cumberland St., Yarmouth; Mrs. Alice Sarah Henneberry, Howard Ave., Eastern Passage; Mrs. Patricia Elizabeth Hislop, P.O. Box 430, Pic-tou; John Andrew Googoo, Box 2, Whyco-magh, Inv. Co.; Lloyd James Walker, Carleton Corner, R.R. #3, Bridgetown; Mrs. Olive Sutherland, Thorburn, Pictou Co.; Gregory Daniel Pollard, P.O. Box 464, Port Hawkesbury; Victor Morris, Econ-omy, Col. Co.; Harold Alexander Mason, Goldenville, Guys. Co.; Mrs. Helen Mary Silliboy, Micmac, Hants Co.; Walter Tho-

mas MacDonald, 341 Waverly Rd., Port Wallis, Hfx. Co.; Donald Wayne Langille, 6031 Oakland Rd., Halifax; Mrs. Mollie MacKaracher, 21 Acadia St., Middleton.

EMBARRASSED INNOCENT JIM

We the patients greatly admire the work done by the architect in designing the rooms at the Nova Scotia San. It shows great foresight on his part and consideration for the convenience of all concerned. Much as one would like to, however, one cannot say the same for the carpenters who were reading the blueprints for laying tiles, hanging doors and putting in windows. This last mentioned piece of work brings us right to our point of notice concerning a certain individual.

At this time of year we hear of Bill Lynch's Greater Side-Shows in town. Most people visiting the Show, owing to natural curiosity, frequently wind up in one or the other of these side-shows. After the act they usually kick themselves for spending two or three dollars for very little satisfaction. We would suggest instead, especially to those in the lower income bracket, a quiet afternoon on the lawn, say between 3.30 to 4 p.m., directly across from the East Infirmary. Enjoy a nice bathroom side-show, free of charge.

Having been well advertized one afternoon, we asked some of the viewers for their comments concerning the acrobatic maneuvers they witnessed. In the main they were well pleased with the act, but expressed a certain amount of curiosity as to whether this innocent victim was waving his arms or waving his legs. However, taking everything into consideration, we came to the conclusion that one argument was as good as another—this man's forehead is as bald as an American Eagle.

All jokes aside, we would suggest to anyone using this room that they exercise extreme caution, especially one entrusted with a serious job such as commentator on Station S.A.N.

—A Fan

At the end of a monastery tour the visitor (an "enlightened atheist") said to the monk guide, "If God doesn't exist, and I believe He doesn't, then you will have wasted your whole life."

The monk smiled. "If I am wrong, I will have wasted at most 50 or 70 years. If you are wrong, you will have wasted eternity."

Ideas are like children—your own are very wonderful.

Just Jesting



A salesman rapped on the screen door at a house where just inside was plainly visible an eight-year-old boy painfully practicing on the piano.

"Is your mother home, sonny?" he inquired pleasantly.

The boy gave the salesman a murderous look, then growled:

"What do you think, mister?"

Out in Hollywood, a father was asked to tell his son a bedtime story. He began: "Once upon a time there was a papa bear, a mama bear, and a baby bear by a previous marriage."

On a frozen food distributing company in London, England: "The finest food you ever thaw."

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LIMITED

A couple owned a bright-eyed cocker spaniel that always became excited when the telephone rang. At the sound of the bell, the dog would run through the apartment. So his owners fell into the habit of calling home when they were out for any length of time, knowing that the bell would awaken their pet and give him a few moments of exercise.

One evening during their absence, a friend who knew about the arrangement let himself into their apartment. He seated himself and waited, sure the telephone would ring sooner or later. When it did, he let it ring several times. Then he lifted the receiver, panted enthusiastically for a few seconds, barked once, and quietly replaced it.

The couple is still wondering.

A man was operating a manual rotisserie on his side lawn, turning the crank round and round, barbecuing a chicken.

A beatnik, watching from the sidewalk, finally said, "I don't want to bug ya, dad—

but your music's stopped and your monkey's on fire."

The ladies met on a train. "I'm from Boston," haughtily remarked one. "There, breeding is everything."

"Well, I'm from St. Louis," the other replied. "We like it there, too, but it's not everything."

The motorist stood at the suburban front door, his hat in his hand. "I'm very sorry to tell you, Madam," he said to the woman who answered the door, "but I've just run over your cat. I would like to replace him."

"Well, don't just stand there," snapped the housewife, "there's a mouse in my kitchen get busy."

Tragedy in Three Acts

Act 1—Algy met a bear.

Act 2—The bear was bulgy.

Act 3—The bulge was Algy.

Curtain.

A woman was being congratulated by a friend after both her son and daughter were married within a month of each other.

"What kind of boy did your daughter marry?" asked the neighbor.

"Oh, he's wonderful," gushed the mother. "He makes her sleep late, wants her to go to the beauty parlor every day, won't let her cook—and insists upon taking her out to dinner every night."

"That's nice," said the neighbor, "and your son? What kind of a girl did he marry?"

The mother sighed. "Oh, I'm not too happy there. She's lazy, sleeps late every morning, spends all her time at the beauty parlor, won't cook, and makes them take all their meals out."

Backward, turn backward,
Oh, time in thy flight,
I've thought of a comeback
I needed last night!

—F. G. Kernan

Some of us don't know what we want—but we're sure we don't have it.

The patient told her doctor she was so worried that she had butterflies in her stomach.

"Take an aspirin," advised the doctor, "and the butterflies will go away."

Whereupon the lady moaned, "But I took an aspirin—now they're playing ping-pong with it!"

Mr. Naylor died very suddenly, leaving many odds and ends to be cleared up at his office. One item of unfinished business was a very important letter he had signed on his last day at work.

Naylor's secretary got around to mailing it several days after the funeral, but being superefficient, she felt a word of explanation was necessary. Beneath Mr. Naylor's signature the secretary added this postscript: "Pardon the delay, but since writing this letter I have died."

The neighbourhood kids had congregated in our front yard when a fire truck zoomed past. Sitting on the front seat was a Boxer dog. The children fell to discussing the dog's duties in connection with the fire truck.

"They use him to keep the crowds back when they go to a fire," said a five-year-old girl.

"No," said another, "they carry him for good luck."

The third, a boy about six, brought the argument to an abrupt end. "They use the dog," he said firmly, "to find the fire plug."

WATER STILL WASHES

The extension of a power line at last bringing the blessing of electricity to her remote mountain farm, a woman went

into the city to purchase an electric washing machine.

She examined the new-fangled contraption with wide-eyed but somewhat distrustful interest, and then inquired of the salesman, "What's that there hole in the bottom for?"

"That," explained the salesman, "is for draining out the water."

"I thought it was a fake," the woman said disgustedly. "It don't wash by electricity after all, you gotta use water!"

Doctor: "Darling, I've made up my mind to stay home."

Wife: "Too late, I've made up my face to go out."

One wife to another: "Don't worry if your husband flirts. My dog chases cars, but if he caught one he wouldn't know what to do with it."

The Russian school teacher asked, "Who were the first human beings?" "Adam and Eve," replied one kid. "And what nationality were they?" "Russian, of course." "Fine," said the teacher. "And how did you know they were Russian?" "Easy," said the kid. "They had no roof over their heads, no clothes to wear, and only one apple for the two them and they called it Paradise."

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Question Box Cont'd

tuberculous disease in the lungs and and the presence of normal temperature and pulse, and this may be so even in the patient who is not receiving treatment for his disease.

Cont'd from page 13

need to have to fight some different ones a thoughtless relative or friend might bring him.

Everyone in the hospital recognizes that a patient's family and friends directly influence the patient's reaction to the course of his disease. He may get well without their help and in spite of their hindrance but his cure will be much more pleasant and probably shorter if his loved ones have the wisdom and spiritual resources to help in the right manner.

—The Link

ADVICE FOR THE VENGEFUL

A woman seeking counsel from a prominent psychologist confided that she hated her husband and intended to divorce him. "I want to hurt him all I can," she declared firmly.

"In that case," the doctor said, "I advise you to start showering him with affection. When you have become indispensable to him, when he thinks you love him devotedly, then start the divorce action. That's the best way to hurt him."

Some months later the wife returned to report that all was going well. She had followed the doctor's advice.

"Good," said the doctor. "Now's the time to file for divorce."

"Divorce? Never!" the woman exclaimed indignantly. "I love my husband dearly!"

—Quote

OH, MY NERVES!

CAN'T SLEEP? Ready to jump out of your skin? Whoa there! Don't be so quick to run to the drug store.

For one thing, everybody is sleepless now and then. And nobody can live a completely stress-free life, so extra tension must be expected from time to time.

For another, what you can buy in the drug store are not true tranquilizers or sleeping pills. These can still be bought only with a prescription. Principle ingredients of the patient medicines are an antihistamine, a couple of mild sedatives, and sometimes a pain-killer. The pills may produce a slight drowsiness.

The government allows these drugs to be sold over the counter because taken in the recommended dosages they are harmless. But the tense insomniac is just the one most likely to take the recommended dose or get impatient for results and repeat the dose too soon. Any of the ingredients in excessive amounts can be dangerous. And no tranquilizer or sleeping pill should be taken for a long period of time except under a doctor's supervision.

For the sleeplessness try a warm bath, a hot drink, more ventilation, a bedtime snack. You can safely disregard occasional tense moments as the hard lot of anyone living in this unquiet world.

But if the sleeplessness and tension persist, they can be serious symptoms and should not be self-treated. Delay in seeking medical advice may make an underlying condition worse. So if you feel tense or have difficulty sleeping most of the time, see your doctor.

—Oregon State TB And Health Assoc.

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