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NOVA SCOTIA SANATORIUM

VOL. 49

JUNE, 1968

NO. 6



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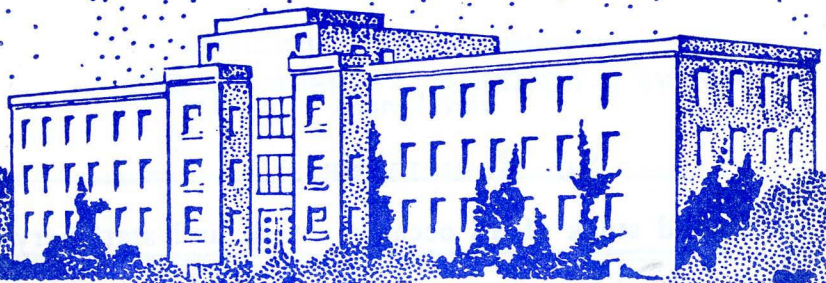
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## *Sanatorium Visiting Hours*

### **NOVA SCOTIA SANATORIUM**

DAILY: 10:15 — 11:45 A.M.  
 DAILY: 3:15 — 4:45 P.M.  
 DAILY: 7:30 — 8:30 P.M.

### **POINT EDWARD HOSPITAL**

Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.  
 Sunday and Holidays: 3:00-4:30; 7:00-8:30 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.

## *Church Affiliation*

### **NOVA SCOTIA SANATORIUM**

#### **ANGLICAN**

Rector—Archdeacon L. W. Mosher  
 Sanatorium Chaplain—Rev. J. A. Munroe

#### **BAPTIST**

Minister—Rev. A. E. Griffin  
 Lay Visitor—Mrs. H. J. Mosher

#### **CHRISTIAN REFORMED**

Minister—Rev. J. G. Groen

#### **PROTESTANT CHAPLAIN**

Rev. Dale McTavish

#### **ROMAN CATHOLIC**

Parish Priest—Rev. J. F. DeLouchry  
 Asst. Priest—Rev. G. E. Saulnier

#### **SALVATION ARMY**

Capt. H. L. Kennedy

#### **UNITED CHURCH**

Minister—Rev. K. G. Sullivan  
 Sanatorium Chaplain—Dr. D. Archibald

#### **PENTECOSTAL**

Minister—Rev. Robert Cross

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.

### **POINT EDWARD HOSPITAL**

#### **ANGLICAN**

Rev. Weldon Smith

#### **ROMAN CATHOLIC**

Parish Priest—Msgr. W. J. Gallivan

#### **UNITED CHURCH**

Rev. Robert Hutcheson

#### **PRESYTERIAN**

Rev. E. H. Bean

#### **SALVATION ARMY**

Mr. William Brewer

The above clergy are visitors at this hospital. Besides the above named many other protestant clergy from the surrounding areas alternate in having weekly services for our patients.

# HEALTH RAYS

A MAGAZINE OF HEALTH AND GOOD CHEER

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VOL. 49

June, 1968

No. 6

## WE THANK THEE

For flowers that bloom about our feet;  
For tender grass, so fresh, so sweet;  
For song of bird and hum of bee;  
For all things fair we hear or see,—  
Father in heaven, we thank Thee!

For blue of stream and blue of sky;  
For pleasant shade of branches high;  
For fragrant air and cooling breeze;  
For beauty of the blooming trees,—  
Father in heaven, we thank Thee!

For mother-love and father-care;  
For brother strong and sister fair;  
For love at home and school each day;  
For guidance, lest we go astray,—  
Father in heaven, we thank Thee!

For Thy dear, everlasting arms,  
That bear us o'er all ill and harms;  
For blessed words of long age,  
That help us now Thy will to know,—  
Father in heaven, we thank Thee!

—Atlantic Reader—Third Book

# The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



The outstanding feature in the field of entertainment at the Sanatorium was the Maytime Supper Club sponsored by St. Ann Guild of the Anglican Church and described elsewhere in Health Rays. The variety show was excellent and the buffet supper provided by the ladies was

wonderful. Mrs. Joan Fox, R.N., a member of the Guild and also a member of our nursing staff, sparked the idea in the first place. To her and to all others who participated we extend hearty thanks and a sincere wish that a similar undertaking may be possible next year.

\* \* \* \* \*

A number of our Certified Nursing Assistants have formed a Young Adult Club in Kentville. It is designed to provide entertainment and a sense of purpose for those who are too old to be very young and too very young to be old. Some of the meetings are being held in the Sanatorium Recreation Hall. Congratulations to Misses Jessie MacDonald, Angela McNeil, and Audrey Penny who were the "founding fathers" of the Club. We wish them every success in this very worthwhile venture.

\* \* \* \* \*

Dr. E. W. Crosson has been absent in Pittsburg for a week attending a Workshop Seminar on Lung Function Testing and Inhalation Therapy under the sponsorship of a grant from the Nova Scotia Tuberculosis Association. We are grateful to the N.S.T.A. for their help in making it possible for our staff to keep up to date in respect to this very important aspect of our work. Advances are being made so rapidly these days that one must constantly keep reading and attending meetings and seminars in order to be fully informed regarding modern aspects of investigation and treatment.

Miss Elizabeth (Betty) McPhail, R.N., Miss Sadie Barkhouse, C.N.A., and Mr. Adi Jagosh, technician in charge of our Physical Medicine Department, have just completed, together with five or six others from the surrounding communities, an intensive ten evening course for St. John Ambulance Instructors. Our congratulations are extended to them. They will now be qualified to conduct senior

first aid courses on their own. This is further evidence of community participation in worthwhile undertakings by members of our staff.

\* \* \* \* \*

One of the finest meetings of our Journal Club occurred on Wednesday, May 22, when Dr. (Rev.) M. R. Cherry, Principal of the Acadia Divinity College, addressed members of the Medical staff and other staff members and the Clinical Pastoral Training students on the subject, "The Theology of the New Biology". This was one of the most thought provoking addresses that it has been my privilege to hear. Thank you, Dr. Cherry.

\* \* \* \* \*

An article in the March, 1968, issue of the National Tuberculosis Association Bulletin states,

"The major health problems facing America today are basically problems of individual and community responsibility, problems which will not be solved by the hospital or service agency approach. Alcoholism, accidents, obesity, air pollution and cigarette smoking are our most serious health problems today. They are problems which the strong voluntary health agency, concerned with individual and community responsibility, can strive to meet through research and planning, education and community action." The author, James A Swomley, was talking about the Nova Scotia and the Canadian Tuberculosis Associations, other voluntary associations and you and me.

\* \* \* \* \*

Recently, a sum of money — eleven dollars to be exact — was donated to the Sanatorium and used to purchase a new text book for the Sanatorium Medical Library. The book we purchased was "Clinical Roentgenology of Collagen Diseases".

Roentgenology, of course, means "x-ray examination or treatment" and collagen diseases cause x-ray changes which are often very similar to those caused by tuberculosis. This book, therefore, will help our staff to be aware of any new information in respect to these particular respiratory diseases (RD).

Donations to our Professional Education and Research Fund are always welcome—no matter how large or how small the contribution.

\* \* \* \* \*

Hearty congratulations are extended to our twenty nursing assistants who wrote

(Continued on page 8)



# Tuberculosis 1967 Report

## To Council of Nova Scotia Tuberculosis Association

J. E. Hiltz M.D.

Administration, TB Control Services

Firstly, may I say to you how pleasant it is to be with you here today. Sometimes those of us who work regularly in the official agencies feel that we are struggling along alone as we face some especially weighty or knotty problem, but I always feel well supported and in good company when I am working with the members of Council, the Executive, or the Staff of the Nova Scotia Tuberculosis Association.

You may well ask what weighty or knotty problems we have left in our program to control tuberculosis. Well, firstly, we have not been able to prevent people from dying with, or because of, tuberculosis. In 1967, 33 Nova Scotians were certified as dying either directly because of or indirectly due to tuberculosis. This compares to 20 persons so dying in 1966. Only three counties, Queens, Shelburne and Richmond, did not record a tuberculosis death during the past three years.

Less than half the deaths (15) from tuberculosis occurred in our tuberculosis hospitals. Almost as many (11) occurred in general hospitals, and six of them occurred in their own homes where they may have been a hazard to home contacts. If tuberculosis patients must die — as some must — it would be preferable for them to die in a sanatorium or tuberculosis hospital where staff are accustomed to taking the requisite sanitary precautions to diminish the hazard of spread of tuberculosis infection to others.

Fortunately, no deaths occurred in anyone under 40 years of age. One third of the deaths occurred in persons over eighty years of age. Three quarters of the deaths were among men, one quarter only were women.

There were 373 beds in Nova Scotia available for the care of tuberculous patients in 1967. The maximum bed occupancy occurred in April—76.3%—and the average month end occupancy for the year was 66.9% or two thirds. For a few months of the year there were extra beds occupied at the Nova Scotia Sanatorium in order to care for patients from the Clare District Epidemic.

At year end, there were on record in Nova Scotia, 12,697 cases of tuberculosis. Of these, 498 were considered to have active tuberculosis whereas in the other

12,200 patients the disease was considered to be healed but required at least annual assessment to make sure that it was staying healed. Included in the above figures were 658 cases of tuberculosis of parts of the body other than respiratory—78 active and 580 inactive.

New cases of active tuberculosis discovered and reported over the past five years numbered 223, 168, 201, 217 and 174 respectively. Even with our satisfactory drop to 174 last year we did not reach the record low of 168 which occurred in 1964.

Reactivations of healed disease occurred during the past five years in 58, 55, 56, 58 and 52 cases respectively. Such reactivations occur in about  $\frac{1}{2}$  of 1% of all known inactive or healed cases each year.

Antigonish was the only county which did not report a new case or a reactivation in 1967 although it had contributed 8 and 5 cases in the two previous years.

Of the new active cases in 1967, 58 were in young people under 20 years of age. Indeed, eleven of them were under ten years old.

Sixty-two of our new active cases had advanced disease when discovered (38 moderately advanced and 24 far advanced). Three patients had tuberculous meningitis of whom one died.

Why are we not finding new cases earlier when their cure can be more certain, more rapid and before they have passed on their infection to others? We are trying.

Over 158,000 chest x-rays were carried out at our clinics during hospital admissions, as follow-up examination of tuberculin test surveys, and from other sources.

Over 148,000 tuberculin tests were performed in 1967.

Of our 174 newly discovered active cases in 1967, 45 were found by general hospitals, 31 were found at Chest Clinics, 30 were found in tuberculin surveys of schools and 1 in a community tuberculin test survey. Five were found in surveys of mental hospitals and 57 were found as the result of examinations initiated by family physicians. Community x-ray surveys discovered three cases and two were not diagnosed until after death.

These figures are mentioned not to be confusing but to give some idea of the

extensiveness and intensiveness of our search for new cases.

In the same manner, all old or healed cases of tuberculosis must be assessed regularly in order to detect any reactivation of disease at the earliest possible moment when re-treatment will be most effective.

The members of the Nova Scotia Tuberculosis Association assist in this program in countless ways, chief among which are:

1. Your continuing excellent Tuberculin Test Surveys
2. Your chest x-ray facility at 17 Alma Crescent
3. Your supplying of the Time Test free of charge to family physicians
4. Your sponsorship of the Nova Scotia Thoracic Society
5. Your provision of educational material re tuberculosis to teachers, students, patients, and the general public
6. Your assistance with research projects
7. Your help to developing countries where the tuberculosis problem is immense
8. Your beginning interest in the broad field of respiratory diseases in general
9. Your prime interest in the field of tuberculosis control

There are those who question the wisdom of tuberculosis associations embarking upon programs related to non tuberculous lung disease. They fear that our tuberculosis activities will suffer. I do not believe that this will occur. When the parents of four children have their fifth do they love their first four any the less!

To you who have given so much of your time and talents in the struggle to bring tuberculosis under control, I extend a sincere thank you from the Department of Public Health of our Province and from our patients, past, present and future.

Cracker Barrel . . .

(Continued from page 6)

their certification examinations. All of them passed. Especially to be congratulated are Miss Faye Sanford who came second highest and Miss Dorothy Buchanan who came third highest among all those who wrote in the Province. The Class of 68A has maintained the high standards of our School for Nursing Assistants.

## CLINICAL PASTORAL TRAINING

The sixteenth summer course in Clinical Pastoral Training began at the Sanatorium on May 21. This course provides university credits and is under the sponsorship of the Institute of Pastoral Training, and incorporated interdenominational organization.

The course this year as in all past years is under the direction of Dr. (Rev.) Charles Taylor, Professor of Pastoral Theology of the Acadia Divinity College. He is assisted by Rev. Dale MacTavish, Protestant Chaplain at the Nova Scotia Sanatorium.

Students in attendance at the six week intensive course are:

Rev. Douglas Hergett, Dartmouth, N.S.; Rev. Stewart B. Russell, Springhill, N.S.; Rev. Laird Stirling, Lucknow, Ontario; Rev. Robert H. Coote, Mahone Bay; Lic. Woodrow R. Hewitt, Wolfville, N.S.; Lic. Edward A. Colquhoun, Wolfville, N.S.; Lic. William G. Duffett, Nictaux, Anna. Co., N. S.; Lic. Ronald Brooks, Halifax, N.S.; Lic. Selwyn Hopkins, Sydney, N.S.; Miss Leanne M. Oickle, Wolfville, N.S.; Mr. Stephen Adkins, St. John's, Newfoundland; Mr. Gerald E. Peddle, Lethbridge B.B., Newfoundland; Mr. Harvey Bullen, Harbour Breton, F. B., Newfoundland.

## IT'S STILL TRUE

Tuberculosis control may be likened to gardening. At first the ground is rough, rock-strewn, and weed covered. From this must come the tidy flower beds, soft green lawns, flowering shrubs and cool shade of trees. With each improvement the work increases—cultivating, planting, pruning, and weeding are perpetually part of the garden. Failure in these, and the garden soon returns to nature. Every refinement increases the needed care.

Tuberculosis control has improved for 60 years. Everything is now in favour of control, but only if the work of the past is kept up. Just as one weed in the garden may set afloat thousands of seeds, so one open case of tuberculosis may scatter billions of tuberculosis germs. It is desirable to find the source of infection before it spreads.

E. C. MacLeod,  
President,  
National Sanatorium Association,  
Ontario, 1955.

—The Northern Light

## It's Mostly Up To You

Dr. Helen W. Evarts

It is your decision that brought you here. You have been told you have tuberculosis in your lungs, and you have shown your intelligence by accepting the fact that in the sanatorium is the place to get well. Now that you are here, what do you do next? Your doctor will examine you thoroughly, using X-ray and laboratory tests, and other special tests which must be chosen with care for your case, and the results, good and bad, watched from day to day. He will prescribe a certain amount of rest, suitable for your case. All this, you realize well, means you must be in the hospital, and you also realize that your being here protects your family until you are no longer infectious.

"All right," you say, "I'm here. My doctor's busy, what do I do?"

The answer is: Plenty!

At least 90% of the job of getting well of tuberculosis must be done by **you**. The doctor prescribes the medicines, but **you** have to take them. Incredible though it be, we have known patients of otherwise normal intelligence who secretly throw away their medicines. Remember, **every** dose is important, if you want to get well. The doctor prescribes rest suitable to your case, but **you** have to take it. It is a vital requirement for getting well, as are the medicines. Rest means rest of the body, and also relaxation of the mind, and a happy, hopeful attitude towards life. Your doctor, the nurses and others may help you a little in this, in varying ways, but fundamentally it is up to you to learn and cultivate this power to rest,—not easy, neither is anything that is worthwhile. The sanatorium supplies you with a well-balanced diet, but **you** must eat it. Medicines, rest and well-balanced diet, the triple treatment of tuberculosis, must be, you see, your doing. And perhaps hardest of all, it is up to you to decide to stay here as long as your doctor advises.

But this is not enough. You'll be wise to learn while you're here all you can about tuberculosis, enough so that you will thoroughly understand the reasons behind the treatment. When you leave here, you will return soon to normal living, and if you have learned to understand the basic facts about this disease, you will know how to manage your life so as to remain well. So learn from your doctor all you can. Ask him questions, get it straight. Don't listen to, and pass on, misinformation . . .

The sanatorium is both a hospital and a school. It offers you a way back to health and an opportunity to learn. It offers you these things—the taking is up to you.

—Exchange.

Via Sanatorium Outlook

## Face The Facts

### Facts and Figures about Tuberculosis

around the world

Franklin D. Yoder, M.D. Director

Department of Public Health, Illinois

### The Global TB Problem

A conservative estimate of today's global tuberculosis problem made by WHO experts, is as follows: one-half of the world population already infected by the tubercle bacillus; a pool of 15 million infectious cases, which is augmented each year by 3 million new cases and depleted by 2 million deaths together with an unknown number of spontaneous and induced cures. In some developing countries more than 70 per cent of children are infected at the age of 14 years, as against less than 2 per cent in certain economically more favored countries.

\* \* \* \* \*

### TB: A Disease, Not a Stigma

Just as people have hated to admit mental illness and used to hide their children from the outside world, so tuberculosis was once considered a stigma and people courted death rather than seek treatment to get well.

In 1914, when not all physicians were prepared to report tuberculosis, Dr. M. M. Seymour said:

"Tuberculosis patients should be taught to look upon their infection as a disease instead of a crime, and not endeavor to hide it from the public and deceive themselves. One of the difficulties in the successful treatment of tuberculosis patients is their unwillingness to admit they have the disease."

Even today, this is often-times true. The public as well as the patient needs to know that tuberculosis is a disease that can attack anybody—that it can be treated and cured.

—Sea-O-Zark

Tact is the ability to give a person a shot in the arm without letting him feel the needle.

## OF DADS AND BOYS

"What makes a home?" I asked my little boy. And this is what he said: "You mother, and when father comes, our table set all shiny; and my bed, and mother, I think it's home because we love each other."

You who are old and wise, what would you say if you were asked the question? Tell me pray.

And simply as a child, the old wise ones can answer nothing more. A man, a woman and a child, their love, warm as the gold hearth fire along the floor. A table and a lamp for light, and smooth white beds at night. Only the old, sweet, fundamental things.

**Definition of a Boy:** A boy is a bank where you may deposit your most precious treasures — the hard-won wisdom, the dreams for a better world. A boy can guard and protect these, and perhaps invest them wisely and win a profit — a profit larger than you ever dreamed. A boy will inherit your world. All your work will be judged by him. Tomorrow he will take your seat in Congress, own your company, run your town. The future is his, and, through him the future is yours. Perhaps he deserves a little more of your attention.

—The Stethoscope

## FATHER

No father need regret that he cannot leave to his son a big estate made up of lands, stocks and bonds, and money in the bank; even though it might be a fine thing if he were able to do this. There is another estate which any father can bequeath to his children. In many ways it is the most valuable estate of all.

He can leave an honorable name, an enviable reputation, the record of a righteous and useful life. He can teach his own son to have a profound respect for facts, a deep reverence for character, a willingness to work, and to find his keenest joy in creative labor and service to others.

If any young man receives all of this from his father, he will not need a large material estate, however helpful one would be. He will have everything he needs to build his own estate with his own efforts. But, if his father does not leave these things to him, no amount of money will ever compensate for their lack.

—The Link

## TO A FRIEND

You entered my life in a casual way,

And saw at a glance what I needed,  
There were others who passed me or met  
me each day,

But never a one of them heeded.

Perhaps you were thinking of other folks  
more,

Or chance simply seemed to decree it;  
I know there were many such chances  
before,

But the others—well, they didn't see it.

You said just the thing that I wished you  
would say,

And you made me believe that you  
meant it;

I held up my head in the old gallant way,  
And resolved you should never repent  
it.

There are times when encouragement  
means such a lot,

And a word is enough to convey it;

There were others who could have, as easy  
as not—

But, just the same, they didn't say it.

There may have been someone who could  
have done more

To help me along, though I doubt it;  
What I needed was cheering, and always  
before

They had let me plod onward without  
it.

You helped to refashion the dream of my  
heart,

And made me turn eagerly to it;

There were others who might have (I  
question that part)—

But, after all, they didn't do it!

—Grace Stricker Dawson

## WHO AM I?

I am a little thing with a big meaning.  
I help everyone.

I unlock doors, open hearts, dispel pre-  
judices.

I create friendship and good will.

I inspire respect and admiration.

I bore nobody.

I violate no law.

I cost nothing for I save dollars and  
make sense.

I please all alike—those in high cal-  
lings and those performing menial tasks.

I affect everyone every day.

Countless numbers know my value;  
none has condemned me.

I am the world's best social lubricant.  
Who am I?

I'M COURTESY!

# The Story Of The Stethoscope

Rarely is anything "invented" on the spur of the moment, and rarely do boys and girls help invent it.

But one of the greatest of the medical weapons against illness (and, until such things as chest X-rays and skin tests became common, one of the best weapons for use in the early discovery of tuberculosis), could be said to have developed on the spur of the moment. It could be said too that children helped in its invention. That weapon is the stethoscope—the instrument every doctor uses to listen to lung, heart and other chest "noises." By listening carefully to these "noises" they can often tell if anything, and what, is wrong with the patient.

Of course, doctors knew, for hundreds of years before the invention of the stethoscope, that the chest "could speak louder than words" in telling them if anything was wrong with the person. Indeed, Hippocrates, who is known as the Father of Medicine and who lived over 2,000 years ago, knew these chest sounds. Doctors used to press their ears against the chests of their patient to "listen in."

But this method was unsatisfactory because the doctors often could not hear the "noises" well enough. This was especially true when the patient was fat for the layers of fat shut off and deadened much of the chest noises! Then, too, many of the patients were so modest they would not let the doctor put his ear against their chest.

Still, if the patients object to this method of "listening in" because they were bashful, the doctors had a far better reason to object. Cleanliness—even as recently as a hundred years ago — was not widely practiced (even hospitals did not have bathtubs!) and many people, especially the poorer people, were infested with lice. And it was very fashionable in those days for doctors and other gentlemen to wear expensive powdered wigs. Now you can imagine the result if the doctor, in placing his ear against a patient's chest, got some of these very unwelcome little pests in and under his expensive wig!

Therefore there was really a desperate need for some instrument doctors could use to listen from a proper and safe distance.

No one, however, invented such an instrument until 1816. Then, according to a story, a young French doctor, Rene Theophile Hyacinthe Laennec, while

watching some children play, suddenly got an idea for the first stethoscope. The children would tap on one end of the beam while the other, with an ear pressed to the other end of the beam, would listen. The children soon discovered that the sound travelled down the beam.

Dr. Laennec watched them—at first with amusement, then with serious thought. He had an idea—a great idea. Hurrying back to his office, he tried the idea with a rolled up magazine—on a very fat and bashful young lady. To his own delight, he found that it worked. Not only could he hear the chest "noises" through the tube without pressing his ear against the patient's chest but he could hear them much better.

Next, he made one out of three layers of heavy paper, glued together and shellaced. But Laennec kept experimenting. He tried various woods and found Indian cane was even better than paper.

Laennec's stethoscope was just a short tube, no more than a foot long. The hollowed-out hole in it was tapering—with the narrowest end the one to be placed to the doctor's ear. Later, through the years, this crude tube was improved upon by other doctors. While American doctors like to use the stethoscope with which we are all familiar (the triple tubed, double earphoned one) many European doctors still use the old style stethoscope.

But, whichever type of stethoscope is used, it has proved its worth. Before the coming of the chest X-ray and the tuberculin skin test, the stethoscope was the only weapon the doctors of the world could use to discover tuberculosis in its early stages—stages early enough for it to be fought against successfully. More than that, by the chest "noises" it revealed to the doctors, it helped the doctors learn more—by sound—than they could have learned by just trying to listen to these sounds with their bare ears. Indeed, doctors even today find stethoscopes one of the most effective weapons against tuberculosis and other chest diseases. It tells them—as clearly as the loud speaker of your radio—what is wrong. And once they know what is wrong, they know what to do.

—The Link

The love you liberate in your work is the only love you keep.—Elbert Hubbard

## Nursing News

We offer congratulations to several of our staff members: Mr. and Mrs. James Lovett, on the arrival of a daughter on Thursday, April 25th; to Mr. and Mrs. Ron Twohig on the arrival of their new daughter; to Miss Judith MacPherson who recently became Mrs. Ronald Foster; and to Mrs. Helen Young, who successfully passed her R.N. examinations on April 27th.

Graduation Exercises were the leading events of the spring season, and to all our graduates we also extend congratulations and best wishes.

A very beautiful basket of flowers, a gift of the Nova Scotia Certified Nursing Assistants Association, arrived at the Dormitory and was much appreciated.

It is a pleasure to welcome several new members to our nursing staff: Miss Beverly Kelly, R.N., of Australia, who has interrupted a trip around the world to spend two months with us; Misses Doris Neily, R.N., and Mary Cleyle, from St. Francis Xavier and Dalhousie Universities, respectively, for the period between courses; Mrs. Roberta Smith, R.N., and Mrs. Audrey Hansen, R.N. Last, but not least, we welcome Miss E. J. Dobson, R. N., who has rejoined the staff until fall, when she resumes her studies at Mount Saint Vincent University. At the same time we say a temporary "Good-bye" to Mrs. Cheryl Lamoureux, who is awaiting a blessed event.

Recently, Mrs. Catherine Boyle, R.N., was a delegate to the Annual Meeting of the Nova Scotia Civil Service Association, and Miss Elizabeth MacPhail, R.N., attended the Institute on Nursing Service at Dalhousie University.

Two of our C.N.A.'s, Mrs. Violetta Hunter and Mrs. Edna Doucette, are looking forward to attending the Institute on Geriatric Nursing at Dalhousie University in June.

Blossoms crimson, white, or blue,  
 Purple, pink, and every hue,  
 From sunny skies, to tintings drowned  
 In dusky drops of dew,  
 I praise you all, wherever found,  
 And love you through and through;—  
 But, Blossoms On The Trees,  
 With your breath upon the breeze,  
 There's nothing all the world around  
 As half as sweet as you!  
 —From "The Blossoms on the Trees"  
 by James Whitcomb Riley

## Patients' Activities

### MAYTIME SUPPER CLUB

Patients and staff were treated to an outstanding evening of entertainment and good eating on Thursday, May 16th, the occasion being the Maytime Supper Club. This was presented by the ladies of St. Anne's Anglican Guild, under the Presidency of Mrs. R. S. Graham and leadership of Mrs. Joan Fox with assistance in the way of prizes from the members of the other two guilds from St. James Church.

Other groups and individuals in the community gave generously of their time and talents: the "Kinettes" chorus line of Club Allegro fame; "Oliver and the Hardy's" segment of the local Barber-shoppers; Ron Maxwell and Jack Bowser as "Jackie Gleason and Friend"; Mrs. Georgie Soukup who played the accordion beautifully; Doug Morrison, who impressed us all with his fine singing voice; and throughout the evening the ever-popular orchestra of Mac Dodge.

All of those participating in this offering deserve a good deal of credit. The lighting was effective, the food was delicious and "served in style".

Dr. Hiltz very graciously thanked the group from the floor. We should add that Dr. Hiltz led the way in dancing, with an assist, we understand, from Dr. Kloss!

It is of interest to note that one of the other dancers—a member of the Kinettes—was our own Lorraine (Tomes) Balsor, formerly of the Lab Staff. Who would suspect that one who looks so young could have children of ages . . . no, we had better say no more!

Our thanks to everyone for a most enjoyable evening.

A preacher coming into a new location was invited to join one of the civic luncheon clubs. In introducing him, the speaker facetiously said they were electing him to be the "chief hogcaller" for the club.

In responding, the preacher said: Gentlemen, I certainly appreciate the very great honor you have conferred upon me. When I came to this community, I had expected to be shepherd of a flock; but of course you know your crowd better than I do."

\* \* \* \* \*

He who has health, has hope, and he who has hope, has everything."

—Arabian Proverb

## Question Box

J. J. Quinlan, M.D.



Q. At the time of diagnosis is it possible to tell how long a disease has been present?

A. By a careful study of the x-ray films of the patient's chest usually it is possible to give a rough estimate as to how long tuberculosis has been present.

For example, in the case of active primary infection one can be fairly certain that the disease has been present a relatively short time, a matter of weeks or at the most a few months. On the other hand, if the disease at the time of diagnosis is calcified it has been present for many years. The acute forms of tuberculosis usually have been present only a short time and it is not unusual to have a chest x-ray normal one day and a few weeks later have it reveal an extensive tuberculous pneumonia. However, in the more chronic forms of tuberculosis such as we usually see in our adult patients, it is sometimes very difficult to date the approximate time the infection began unless one has access to previous negative chest x-ray films.

Q. If the sputum is negative in an arrested case is it possible to hemorrhage and still be an arrested case?

A. To begin with, the term "arrested" is no longer used in talking about tuberculosis. Basically the disease is now classified as either active or inactive. If an individual whose tuberculosis has been inactive has a hemorrhage from the lungs one would strongly suspect reactivation of his disease, but it is not unusual to have bleeding occur as a result of damage done to the lungs by the tuberculosis where the active infection may have disappeared years previously. In other words, the expectoration of blood does not necessarily mean that the disease has again become active.

Q. Why are people requested to "take a deep breath" when having an x ray?

A. The quality of an x-ray film depends on contrast to a great extent and filling the lungs with air by a deep in-

spiration before the x-ray exposure is made enables the radiologist to clearly see any abnormalities on the resultant film. Also deep inspiration allows the diaphragm to descend thus bringing into view lower portions of the lungs which otherwise would be hidden when the diaphragm is high in the chest as it is when the individual breathes out fully.

Q. Is tuberculosis of the larynx considered chronic, or is its cure more absolute than that of pulmonary tuberculosis?

A. Tuberculosis of the larynx is a chronic laryngitis due to the laryngeal structures being constantly bathed in the secretion coming from tuberculous lungs. This secretion of course contains numerous tuberculosis germs. On modern drug treatment tuberculous laryngitis very quickly heals and the larynx will return to normal frequently long before there is any appreciable change in the x-ray appearance of the lung disease. Whether or not the tuberculous laryngitis remains permanently cured will depend upon what happens to the lung lesion. If the latter remains inactive there will be no recurrence of the tuberculosis of the larynx.

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

A. One can only say that it is advisable for an individual to have an intake of food sufficient to supply the number of calories and other factors necessary for the proper functioning of the body. If in some cases, and usually for a very short time, this means that an individual has to "force himself to eat", then it is probably best that he do just that.

You cannot trust appearances when it comes to tuberculosis. TB can strike without warning, without early symptoms that you can notice. The only way to find out if TB germs are in the body, or if you have actual disease, is to have a free TB skin test and chest x-ray.

—Your Health

One TB germ to another TB germ, "Don't get too close to me—I think I've got a touch of streptomycin."

# Chaplain's Corner

Lic. Gerald Fisher, Student Assistant

United Baptist Church

Perhaps one of the most meaningful and beautiful prayers ever written is the prayer of Saint Francis of Assisi that God might make him an instrument of His peace. The following is that prayer:

Lord, make me an instrument of Your peace. Where there is hatred, let me sow love; where there is injury, pardon; where there is doubt, faith; where there is despair, hope; where there is darkness, light; and where there is sadness, joy.

Let us look at this prayer for a moment and meditate upon its meaning. Conflict, whether it be in Viet Nam or in your own home is always between people. Therefore, it is only right that we should pray to God asking him to make people His instruments for peace, since we are the instruments for conflict.

Surely one of the ways that we can be instruments of peace is to learn to love in the face of hate. This is not easy, but it is not impossible. One of the ways to learn to do this is to learn how to forgive and pardon those who injure us. Whether these people be husbands or wives or others whom we do not know so well.

We all have to learn to have more faith. Doubt is good, but one cannot make much progress if he doubts only and has no faith. We all have faith; otherwise no one would consent to fly in airplanes, ride on buses, go on the operating table, or get married.

It is when we come to see that we do have faith and can trust that we begin to have hope. People who have hope can love easier than those who despair. Therefore, we must learn to help those who are despairing if we ourselves have hope.

This, of course, leads us to joyful living. Wherever there is joy, conflict is absent and peace exists. This, of course, is easier to write about and to read than it is to live. I know this and so do you. Saint Francis knew it also, and that is why he prayed about it, so that he could have extra strength to live it.

Take a moment now and often again to pray this prayer of Saint Francis.

There is more gold in one star than all the dust of the earth. Look up!

## "DO UNTO OTHERS"

The following story was told by a soldier. He said "There was a private in our company who was a devout Christian. One night he came in tired, wet, and muddy. Before getting into bed he knelt to pray. I picked up my heavy, wet, muddy boots and threw them at him. He continued with his prayers without notice. The next morning I found my boots beautifully polished and placed by my bed. That was his reply to my persecution.

I wonder how many of us can't claim an experience like that? You probably think not very many. But do you realize that a variation of this story happens dozens of times a day here in the hospital. Probably no one has thrown their shoes at a nurse but I wonder how many have thrown sarcastic and unpleasant remarks at them. Did they get thrown back? In the majority of cases they were only answered with a smile. She could have returned your sarcasm and the thought does occur to her but instead she chooses to set you a good example of understanding and consideration. Remember this in the future and ask yourself this question. "Who leads the happier life, he who makes life harder for others, or he who helps others?" The answer to this will be obvious when you start throwing smiles instead of insults.

—The Link

## AN EASTERN LEGEND

There's a tender Eastern legend,

In a volume old and rare,

Of the Christ-child in His garden

Walking with the children there.

And it tells—this strange, sweet story—

(True or false, ah, who shall say?)

How a bird with broken pinion

Dead within the garden lay.

And the children, children cruel,

Lifted it by shattered wing,

Shouting, "Make us merry music,

Sing, you lazy fellow, sing."

But the Christ child bent above it,

Took it in His gentle hand,

Full of pity for the suffering

He alone could understand.

Whispered to it—oh so softly!

Laid His Lips upon its throat,

And the song life, swift returning,

Sounded out in one glad note.

Then away, on wings unwearied,

Joyously it sang and soared,

And the little children kneeling

Called the Christ-child, "Master—  
Lord."

—Grace Duffield Goodwin



# HEALTH RAYS

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## STAFF

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## EDITORIAL COMMENT

The apple blossoms are just beginning to show their pink and white as I write this and the annual Apple Blossom Festival is one week away. A great deal of work goes into the planning of this event and we hope that as many as possible will have gotten out to enjoy at least the street parade and perhaps a drive past the orchards. We would like to pay tribute to the many men in the community who offer their time and their cars for taking our patients to the parade. The men of the Kentville Rotary Club have traditionally played a prominent role in this, with Monseignor Durney being the main organizer in years past. The Sanatorium is fortunate in having so many loyal friends.

This year, as in most years, we are hoping to take our young folk from the Annex down to the ball park to see the Children's Parade. At this point we are still wondering how many staff members will be required—the opinions ranging from "one or two staff" to a cautious "one-to-one ratio!"

\* \* \* \* \*

We welcome to our Rehab staff Miss Lauren Dougall who will be a handcraft instructor for the summer months. Miss Dougall, whose home is in Windsor, has completed three years of study at the Halifax College of Art and will be returning there next term to complete her studies.

Our handcrafts department has continued to be very busy and it is for this reason that the new workshop hours have been posted. We hope that this has not caused too much inconvenience but it seemed to be a necessary move. Our workers were finding that too often they were supervising only the pool table plus two or three patients, while patients on

the wards were waiting overly long for materials and instruction. We don't want to discourage anyone from using our workshop or our services so we hope that you will understand our reasons for the change.

And speaking of change, we are hoping this year to be able to close our Rehab Department for at least a part of August, if we can all arrange to have our vacations at one time. This would eliminate the annual problem of operating with diminished staff during much of the summer. Ideally, we would like to close for the first three weeks of August, but some of our members may not be able to arrange it quite as easily as others. In any event, we will try to give as much advance notice as possible of our intentions so that patients can arrange their work accordingly.

\* \* \* \* \*

The summer course in Clinical Pastoral Training began on May 21st and elsewhere Dr. Hiltz has stated his intention of including the names and addresses of the members of the two classes as a means of introducing them to you. We are always very pleased to welcome each new class to the Sanatorium. We feel that the course is of value to the students, to the patients, and to many of our staff members. The students bring with them a fresh approach which frequently causes us to pause and evaluate our own role in our day to day contact with patients. To pause and see a problem or a situation through the eyes of one less familiar with the setting can be profitable. Also, it is helpful in many cases for patients to have an opportunity to talk with someone "from the outside", or should I say, someone not so closely

(Continued on page 17)

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Wholesale and Retail

Editorial Comment . . .

(Continued from page 15)

identified with the Sanatorium. We hope that you, too, will welcome them and will profit from their visitation.

\* \* \* \* \*

We would like to offer our congratulations to the Iowa "Stethoscope" which in May celebrated forty-five years of continuous publication. The "Stethoscope" is the voice of Oakdale Hospital which arrived at its sixtieth anniversary in February of this year.

### TO A VIOLET

I sing a song of violets;  
A soft breeze rings it true.  
Your ribbon green ties down to earth  
Five points of heaven's blue.

I sing a song of violets—  
A challenge flung to dare.  
You ventured through the molding leaves  
When all the earth was bare

I sing a song of violets  
Before life stirs to grow.  
Your fragrance came because you dared  
To dream beneath the snow.

—Mary L. Mauck

Tuberculosis may attack bones as insidiously as it does lungs but this is not as usual as it is in lungs. Tuberculosis of the bone, by contrast, may cause pain for months before x-ray shows the disease. Lung tuberculosis is nearly always present by x-ray long before symptoms arise. However, I remember seeing, many years ago, a patient with advanced pulmonary tuberculosis whose chest x-ray also revealed a large paravertebral abscess of the back due to tuberculosis of the spine, but she had no pain or any other symptom or sign associated with the partially destroyed vertebral bodies.

Treatment of both lung and bone tuberculosis is similar. Antituberculosis drugs are effective and often produce complete healing. However, if treatment was started late, or if a patient failed to improve for any reason, additional measures may be used.

As in the lungs, an operation may be necessary to cut out or drain bone and tissue abscesses, or to fuse a tuberculosis joint in order to stop pain and to promote healing. Cavities and unhealed areas of lung are, as you know, often removed surgically.

Body rest and adequate diet are also useful in treating bone tuberculosis as they are in tuberculosis of the lungs.

—The Firland Magazine.

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## Old Timers

Anne Marie felt the Wanderlust early this year, and has already enjoyed a vacation in the U.S.A. While making the Yarmouth—Bar Harbour crossing on the "Bluenose", she met Jim Harding of Yarmouth. Jim, who cured here in 1959 is a member of the ship's crew, and was "quite handsome" in his uniform.

A fellow passenger on the "Bluenose" was Bob Myles. Bob was on the way to a function at Bar Harbour where he would represent the Yarmouth Lions Club, of which he is president. Since curing here in 1948, Bob has married and is the proud father of a small daughter.

While attending a banquet at St. Anne's College over the Victoria Day weekend, Anne Marie saw several old timers, among whom were Phyllis Boudreau and Albert Melanson. Mrs. Boudreau, whose home is in Wedgeport, was a Sanatorium patient in 1962. Since that time, two children have been added to her pre-Sanatorium family of one. Albert Melanson of Church Point, who was present in his usual role of reporter for the **Chronicle-Herald**, told Anne Marie that he still reads the "Old Timers" column in **Health Rays**, even though it is thirty-nine years since his San days! Incidentally, reporting is only a sideline with Albert, for he is the Postmaster at Church Point.

Monseigneur Durney's interest in "Old Timers" hasn't waned either. When en route to Yarmouth to attend the consecration ceremonies for Bishop Burke, The Monseigneur called at the Sanatorium and told Anne Marie that while he was a patient in the Halifax Infirmary, he had seen Marilyn MacKinnon. Marilyn is well and is working in the Inhalation Therapy Department of the Hospital. Many will remember that during his many years as parish priest at St. Joseph's, Kentville, Monseigneur Durney was ever the kind and thoughtful friend of Sanatorium patients.

A 1944 patient, Avite Burke of Sluice Point, read the Epistle at the service of consecration of his brother, Bishop Burke, Mr. Burke, a very successful school teacher, is still an avid sports fan.

Mrs. Evelyn LeBlanc, West Pubnico, cured here in 1944 and now, with her husband, is taking an across-Canada tour, returning via the United States, after a side trip to Florida. They plan to be gone two months.

John Lawrence of Medical Records has seen Esther White of Kennetcook, and

reports that she looks "just great." Esther was here in 1955.

A recent issue of the **Chronicle-Herald** carried the wedding picture of Captain and Mrs. Cecil Norman Bateman. The bride, the former Audrey Elizabeth Giffin of Victoria Vale, was a patient here in 1954; the groom is a native of the Isle of Man.

One of the wedding guests was Mrs. Georgie Soukup, who "porched" with Audrey during her Sanatorium days. It is of interest to all of us to know that Mrs. Soukup was the talented piano-accordionist at the recent "Maytime Supper Club" held in the Recreation Hall.

While in Kentville a few weeks ago, Mrs. Gertie Rafuse of Chester, called at the East Infirmary and chatted with Miss Peggy MacEachern, switchboard operator. Peggy reports that Mrs. Rafuse is well.

Among the delegates to the Credit Union League Annual Convention held in Halifax recently were two ex-Sanatorium patients who are very active in the Movement. Desire d'Entremont of West Pubnico, here in the early 'Fifties, led the discussion for the Zone 4 group. William ("Bill") McInnis, who left here just a few years ago, is the energetic manager of Halifax Postal Credit Union. Your scribe had a chance to exchange a few words with Bill, who is hale and hearty, and sent his "hellos" to friends and acquaintances at the Sanatorium.

And at Murray's Restaurant where we drifted at the promptings of the "inner man", we found a smiling and obliging Millie Boutilier behind the cash register. Millie will be remembered by many as a long-time patient and switchboard operator here at the Sanatorium.

Emilie Pothier of Lower Wedgeport, ex-Roseway Hospital patient, writes that she is deep in that annual upheaval—spring housecleaning. Emilie passed on a bit of good news about Robert Melanson of Belleville, Yarmouth County. This is that Bobbie is Rawleigh agent for that area. Bobbie cured in Roseway Hospital and at the Sanatorium in the 'Fifties.

The picture of still another former Roseway and Sanatorium patient of the 'Fifties—Donald Getson—appeared in the **Chronicle-Herald** recently. Donald has been elected president of the Bridgewater Jaycees.

And again we are indebted to that ranging former patient and retired handcraft

Continued on page 21)

## THE PRICE OF ADVICE

By C. L. Abbott

Psychiatrists advise us  
That we should blow off steam,  
Should let our tempers have full play —  
Should stamp our feet and scream.

I thought that I would try this plan—  
Just let my true self go—  
Results were quick in coming,  
As the following doth show:

A stranger bumped me on the street,  
I muttered, "Stupid creature!"  
At church next day, I rued my words —  
The man was our new preacher.

A 'phone call got me out of bed,  
I answered sharp and cross . . .  
How was I supposed to know  
The caller was my boss?

It may relieve our tensions  
To speak out now and then . . .  
But doctors who advise it,  
Should also tell us WHEN!

Each year cigarettes kill five times  
more Americans than do traffic accidents.  
Lung cancer alone kills as many as die  
on the road.

—Your Health

Said the sexton as he rang the bells  
louder and longer: "If they ain't coming  
to church, they ain't sleeping either."

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## THE BLUSHING BRIDE

They tell of the blushing bride  
Who to the altar goes,  
Down the aisles of the church  
Between the friend-filled rows,  
There's Billy whom she motored with  
And Bob with whom she swam;  
There's Jack, she used to golf with him—  
And Steve who called her "lamb".  
There's Ted, the football man she owned,  
And Dan of tennis days,  
There's Herbert, too, and blonde Eugene—  
They took her to the plays;  
And there is Harry, high school beau,  
With whom she used to mush.  
No wonder she's a blushing bride;  
Ye gods!—She ought to blush.

—The Stethoscope

Roses are green  
Bluebonnets pink!  
My color TV  
Is on the blink!

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## Old Timers . . .

(Continued from page 19)

worker, Clifford Beeler, for news of several old timers. While driving through Ingramport one day, Cliff recognized the traffic director as Charlie Walsh of Boutillier's Point. Charlie, who is one of our more recent old timers, is employed by the Department of Highways.

Cliff met Leland Milner (here in 1954) in Lawrencetown. Mr. Milner appears to be well, and is living a normal life. Also leading a normal life and looking the picture of health, is Burpee Eisner of New Germany.

Cliff had an interesting visit with Raymond Putnam of Brookfield, Colchester County, who left us in 1966. Things seem to be going well with the Putnam family. Mr. Putnam is back at his old railroading job on the run between Halifax and Moncton, and his daughter has just completed her second year at Mount Allison University.

And in Moncton Cliff saw James Dinn, who is taking a course in computer programming. Mr. Dinn is a 1966 San "graduate."

How nice it was to chat with Franklyn d'Entremont one day recently, when he came up from West Pubnico to take home his father, Elmer d'Entremont, who has been a patient here since last August. Franklyn himself was a Sanatorium patient in the earlier 'Sixties. He is now in excellent health and has returned to fishing—he has his own boat—which he finds a profitable occupation.

Some of our Clare District students—Barbara Comeau, Joanne Melanson, and Julien LeBlanc—returned for check-ups recently. It was nice to see them so smiling and happy.

Mrs. Marjorie Smiley of Port Dufferin arrived the same day for her routine check-up, looking very lovely. She says that she feels well and is doing her own housework.

Your columnist also met Professor Ramachandran in Medical Section. He had returned to his teaching duties at the Nova Scotia Technical College after leaving the Sanatorium last September, and is feeling very well indeed.

Accompanying Professor Ramachandran, his wife, and son, was Mr. C. Puttamadaiah, who was a patient at the same time, having left in September. He is looking very well and announces that he hopes to return to India this September, his studies now being completed.

Don Brown reports that when his daughter, Donna, was being baptised on

Sunday, May 19th, in St. James Church, Glen Jefferson's baby was also being baptised. Glen was completing his grade XI when a patient from 1955-57, and has since studied in Toronto and is now a member of the teaching staff of the Kings County Vocational School.

Still more good news of recent San "graduates." Rose Comeau and Roy Saulnier called in at the Rehab. on their way to Halifax just as these notes were about to be readied for press. Rose returns to her old job as x-ray technician at the Yarmouth Hospital very soon now. Roy expects to go to Summer School at Teachers College, Truro, for a course in Industrial Arts, and to teach in the fall.

Mrs. Zirkel tells us that some of our Teenage "Old Timers" are glad to be back where they can sing again.

On February 1st, Clare District High School was featured on the television program "Hi Society." Among the students taking part in the program were Betty Deveau, Josephine Muise, May Gaudet, and Nicole Boudreau. Later in February, Nicole Boudreau went on to take top honors in the Yarmouth County Music Festival. She won the Top Senior Performance Trophy as well as a scholarship donated by the Yarmouth Druggist Association.

Then in April Nicole sang at St. Ann's College during a visit of the Ambassador of France, Mr. Leduc, and his wife.

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**FRIENDSHIP**

Oh, the comfort—

The inexpressible comfort of feeling safe with a person,

Having neither to weigh thoughts,

Nor measure words—but pouring them all right out—just as they are—

Chaff and grain together—

Certain that a faithful hand will take and sift them—

Keep what is worth keeping—

And with a breath of kindness

Blow the rest away.

DINAH MARIA MULOCK CRAIK

---

The most thoroughly wasted of all days is that on which one has not laughed.

—Chamfort

**OTHER TIMES, OTHER VIEWS**

Sooner or later, we felt sure, we would find something about tuberculosis in the historical material into which people delved during centennial year. Finally, we found it. Thanks to Marion Kunstler, a young writer from Montreal. **The Medical Post** has an article copied from a report in a New York paper in December, 1867. We quote the report for your edification. Be kind in reading it. Remember that discovery of the tubercle bacillus by Robert Koch was still 15 years away, in 1882.

**BAD DIGESTION IS THE CAUSE OF TUBERCULOSIS**

New York, December, 1867

—Tuberculosis is due to improper digestion and assimilation of fats by the pancreas.

This theory, proposed by Dr. Horace Dobell, backs the ideas of many doctors today who say that the cause of the disease is bad digestion and assimilation.

Dr. Dobell says that the blood becomes deficient or defectively supplied with fat, which cannot be absorbed because it has not been properly prepared by pancreatic juices.

To replace this absence of fat, the body uses the fat elements from the albuminous tissues, says Dr. Dobell. The disintegrated albuminous tissue is nascent tubercle. The process of disintegration is called tuberculation.

The tubercle thus formed may remain at the point of origin or it may be transported, whole or divided, by the lymphatics into the blood or to other parts of the body, says Dr. Dobell.

TB . . . and not TB

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## Just Jesting

Doctor: "I would advise you madam, to take frequent baths, get plenty of fresh air, and dress in cool clothing."

Helen: (One hour later): "What did the doctor say?"

Mary: "He said that I ought to go to Palm Beach, then to the mountains, and I must have some new, light gowns at once."

\* \* \* \* \*

Florence: "A moth leads an awful life."

Norma: "How come?"

Florence: "He spends the summer in a fur coat and the winter in a bathing suit."

\* \* \* \* \*

### JUST LIKE THAT

Woman on crowded car said to friend, "Wish that good-looking man would get up and give me his seat." Ten men fell out of their seats.

\* \* \* \* \*

Maurice: "I just dreamed I met the most beautiful girl in the world and she loved me at first sight."

Wally: "Go back to sleep and see if she has a twin sister."

\* \* \* \* \*

Constituent: "Senator, I wish you would give me a job as your private secretary."

Senator: "Oh, my boy, don't get mixed up with the government service. There's nothing in it. It ruins a young man—takes away all his ambition and gives him entirely false ideas. And besides, I've promised that position to my son."

\* \* \* \* \*

Ephrem: "What is that fellow on voice rest so frantic about?"

Percy: "He just hurt his finger and can't find his pad and pencil."

\* \* \* \* \*

### Oh, You Nasty Man

A fellow of six feet six inches had been arguing with a fellow five feet nothing, and at last, in disgust, pushed him to one side, saying, "Get out of the way, you remnant; why if you pulled up your socks you would blindfold yourself."

\* \* \* \* \*

Mrs. Moneybags was making the final arrangements for her elaborate reception.

"Bridget," she said to her old servant, for the first 30 minutes after six o'clock I want you to stand at the drawing room door and call the guests' names as they arrive."

Bridget's face lit up.

"Very well, ma'am," she replied, "I've been wanting to do that to some of your friends for years."

The Lion-Tamer and the Woman Tamer

Circus Manager: "What on earth is the matter in that room across the hall? Listen to that screaming."

Assistant: "It's only Miss Pert, the lion-tamer, sir. She's just seen a mouse."

\* \* \* \* \*

### A Man's Job

He was a new member of a Harbor Board and was attending his first meeting.

The board was discussing a proposal to place two buoys at the entrance to the harbor for the guidance of mariners.

"I beg to propose as an amendment," said the new member, "that one man should be placed there instead of two boys, as the latter are too young for such a responsible position."

\* \* \* \* \*

Patient: "I'll have a pork chop with fried potatoes and I'll have the chops lean."

Waitress: "Yes, sir, which way?"

\* \* \* \* \*

A shoe salesman had shown the woman customer every pair in the store except one.

Customer: "I don't really want to buy anything today, I was just looking for a friend."

Salesman: "Well, I'll take down that last box if you think he's in it."

\* \* \* \* \*

The judge read the charges, then asked the man before the bench: "Are you the defendant in this case?"

"No, your honor. I got me a lawyer to do the defending. I'm the guy who done it."

\* \* \* \* \*

Doctor: "And now tell us what you were doing in the interim."

John: "I never went there. I was in the Rehabilitation Building all morning."

\* \* \* \* \*

Dorothy: "They say that the giraffe is the only animal that utters no sound."

Phyllis: "What a perfect porchmate!"

\* \* \* \* \*

Housewife (indignantly): "The milk has been very thin and watery lately. It's not good, that's all."

Dairyman: "You must be mistaken, ma'am. Our milk was paralyzed last week by the city anarchist and he says it's o. k."

\* \* \* \* \*

Reader: "Do you make up these jokes yourself?"

Editor: "Yep, out of my head."

Reader: "You must be."

# INS and OUTS

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A tourist stopped to talk with a backwoods farmer. "I see you raise hogs all most exclusively around here", he said. "Do they pay better than corn and potatoes?"

"Well, no", drawled the farmer, "but hogs don't need no hoein'."

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### WE'LL BE STUCK WITH OUR HABITS SO THEY HAD BETTER BE GOOD

The following conversation was actually heard in a dining car.

Elderly gentleman, apparently a doctor, to woman of 40 sitting across the table, "You had better eat more breakfast than that. Why don't you have some porridge?"

"When I'm 65 and don't care any more about putting on a few pounds," was the reply, "I intend to have porridge every morning—with cream."

The doctor looked interested.

"How long have you been watching your diet to keep your figure in line?" he asked.

"Since I was 14," she replied.

"Then let me tell you something," said he. "You will still be watching your waistline at 85. We do not forsake the habits of a life time at 65 or 70."

What the doctor said is even more true about behaviour than about diet. One cannot be selfish and unlovable until time to get the old age pension and then turn on charm and become lovable.

At a meeting where housing and medical care of older people was the subject of discussion, an intrepid young doctor said, as nearly as we recall, "A lot of old people are disagreeable. I think they should be told that others don't have to put up with this, and if they want to be visited by friends and relatives, or live in their homes, they have to behave themselves."

The difficulty is that the very people who merit such a rebuke are the ones whom many of us hesitate to cross. Instead we avoid them and they feel abused.

It is fairly likely that those of us who live until we are three score and ten years of age will have our lonely times. We are not likely to be as mobile as we are now. Our friends won't be as mobile either. And they will get fewer. The fact sticks out a mile that sooner or later we are going to have to depend quite a bit on strangers for companionship and a feeling that someone cares about us.

What also sticks out a mile is that we

are only going to get these desirable things if people like being around us, if they find us cheerful, interesting company.

There's not a minute to be lost making ourselves that sort of person.

**"Tb and not Tb"**

Two frogs fell into a can of milk

Or so I've heard it told.

Two sides of the can were shiny and steep

The milk was deep and cold.

"O what's the use?" croaked number one,

"'Tis fate; no help's around.

Goodby, my friend! Goodby, sad world!"

And weeping still, he drowned.

But number two of sterner stuff

Dog-paddled in surprise,

The while he wiped his milky face

And dried his milky eyes.

"I'll swim a while, at least," he said,

Or so I've heard he said,

"It really wouldn't help the world

If one more frog were dead."

An hour or two he kicked and swam,

Not once he stopped to mutter

But kicked and kicked, and swam and

kicked,

Then hopped out, by way of butter!

—T. C. Hamlet (Reprinted from "The Target"; selected from **Science Spectrum**)

### TUBERCULOSIS CONTROL

The behaviour and control of tuberculosis whether in the individual suffering from the disease or as a community problem, depend on the proper control and disposal of bacilli laden sputum. Control the sputum and spread is prevented; neglect this measure and causes multiply.

—San-O-Zark

### "WORTHLESS THINGS"

A bit of worthless straw,

Some slender twigs atill,

And what a precious home

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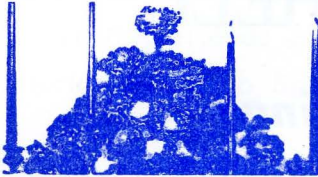
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