

Stacks

DALHOUSIE

NOVA SCOTIA SANATORIUM

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J. J. QUINLAN, M.D., C.R.C.S. (C)	Surgeon
F. J. MISENER, M.D.	Radiologist
A. LARETEI, M.D.	Physician
MARIA ROSTOCKA, M.D.	Physician
G. A. KLOSS, M.D.	Physician
E. W. CROSSON, M.D.	Physician
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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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EASTER

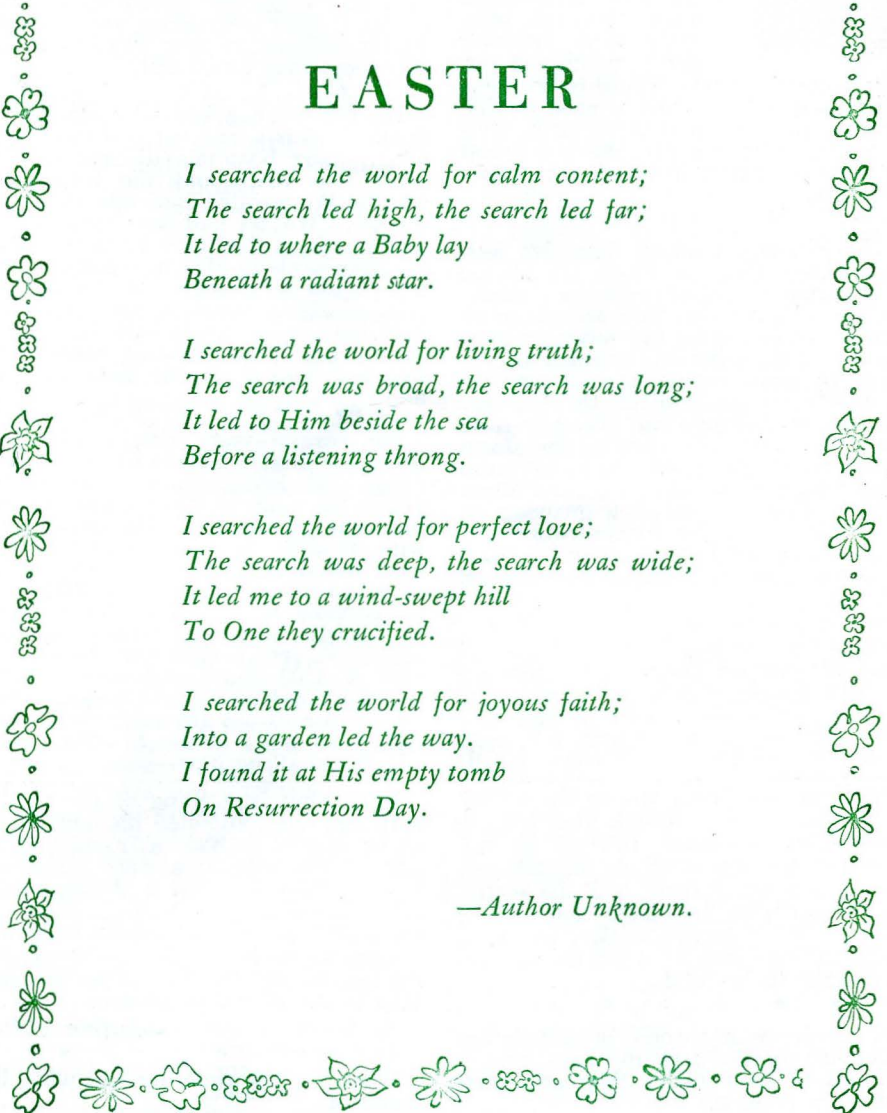
*I searched the world for calm content;
The search led high, the search led far;
It led to where a Baby lay
Beneath a radiant star.*

*I searched the world for living truth;
The search was broad, the search was long;
It led to Him beside the sea
Before a listening throng.*

*I searched the world for perfect love;
The search was deep, the search was wide;
It led me to a wind-swept hill
To One they crucified.*

*I searched the world for joyous faith;
Into a garden led the way.
I found it at His empty tomb
On Resurrection Day.*

—Author Unknown.



The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



The Sanatorium domestic staff have changed from our traditional white blouse and apron to a neat green striped dress. I am sure that many of you have remarked upon the attractiveness of the new attire. Have you noticed, too, their neat "hair do's" which is no

change from the past. There is no place in a hospital for a person who is untidy, unclean or does not add to the attractiveness of the environment. We are proud of our domestic staff in this and in many other ways.

* * * * *

We have now set up an Intensive Respiratory Care Unit on Floor III of the East Infirmary. Here will be concentrated piped-in-oxygen, intermittent positive pressure breathing machines, humidifiers, and staff especially trained in the care of patients requiring such specialized equipment to control their severe respiratory embarrassment whether it be acute or chronic. Previously, this form of care was given in various areas throughout the Sanatorium buildings. We know that we can now provide an even better service by concentrating our efforts in this I.R.C. Unit situated adjacent to our recovery room on our surgical floor.

* * * * *

Another change has been to move our Cardio Respiratory Function (Pulmonary Function) Laboratory back to the East Infirmary. The acquisition of new and more sophisticated equipment has overcrowded the present small room in the

Histoplasmosis is caused by the round, knobby spores of a fungus that closely resembles bread mold. Inhaled in sufficient quantity, these spores immediately convert to a yeast form and the victim comes down with an illness that can be mild enough to escape notice, irritating enough to send him to a doctor, or serious enough to be fatal.

* * * * *

The incidence of chronic bronchitis has quadrupled in the last 10 years, and it continues to grow faster than any other respiratory disease.

West Infirmary. Our C.R.F. Laboratory will now be found adjacent to our Department of Physical Medicine on Floor I East in larger and brighter quarters closer to most of the patients in need of this type of investigation.

* * * * *

The Medical Library, too, has been reshelved to accommodate in better fashion our scientific journals and books. This is a very important centre as far as our medical staff members are concerned. Better lighting is now awaited to make this room fully functional.

* * * * *

We are often asked why we keep our medical charts and x-ray films so long when many hospitals discard the latter after five years and the former after twenty. We are like squirrels at the Sanatorium. We try not to throw away or lose anything that may be useful. During the last week in March, we had readmitted to the Sanatorium at an age in excess of eighty years, a patient who was here fifty years ago in 1918. Her previous Sanatorium records were both interesting and helpful at the time of her re-admission.

* * * * *

For several years now we have been using the metric system when prescribing drugs. No longer do we order so many grains of a drug but rather so many grams or milligrams. This is in keeping with modern hospital practice and we were one of the early ones in Nova Scotia to make the change. Now that we are accustomed to it, our next step will be to use the twenty-four hour clock. The afternoon rest period will then be from 1300 to 1500 hours and evening visiting hours from 1930 to 2030 hours. The airlines and railways are using these time designations now. Many hospitals also do so. We shall be next—soon!

Friendship is a thing of the spirit. A man has not completed his education until he is able to have a friend and to be one. A neighbor or a mere acquaintance is friendly—but what a distance to sincere friendship with one! From true friendship we should expect nothing but a oneness with us. No exchange, but a melting of spirits. And often this friendship is completed in silence.

—Author Unknown

* * * * *

When we kill time, we kill what life is made of.

Amsterdam Memories

By Eileen M. Hiltz

If we have ever taken a holiday that did not feature a convention somewhere in it, it is too far back in history for me to recall. Holiday 1967 was no exception, and, for the fifth time, the conference was the meeting of the International Union Against Tuberculosis. Last year it was held in the great city of Amsterdam, which is, and isn't, the capital of The Netherlands.

Actually, Amsterdam had always ranked rather low on my personal list of Cities I Would Like Most To Visit. Perhaps it was because I went there with somewhat lukewarm, or neutral, feelings that Amsterdam made so strong and favorable an impression on me. In any case, a ten-day visit was long enough to inspire deep admiration and a firm affection for the city and the Dutch people.

We stayed at a small and relatively unimportant hotel (Selected from a reliable guidebook), which was situated on a quiet side street just off the busy Leidesplein, within easy walking distance of the great art museums and the Concertgebouw, home of the world-famous orchestra. Dutch hotels are kind to the tourist for a twin-bedded room with private bath we paid 28 guilders, roughly \$8. per day. That price, which covered both of us, included breakfast and a truly excellent dinner. Love those Dutch hotels!

Our usual procedure our first day in a strange city is to obtain a good map and set out on a walking tour to get the lay of the land. In Amsterdam finding one's way around is a breeze! Its system of canals, which have been likened to the widening ripples made by a stone cast into the water, with the orderly intersection of streets radiating out like spokes of a wheel, make Amsterdam's geography unique, fascinating and readily grasped by the visitor. And the happy fact that everybody there seems to know at least some English makes exploring Amsterdam heavenly easy for unilingual, English-speaking tourists—especially if you should do as I did: get on the right trolley going the wrong direction, and find yourself in the growing dusk of a rainy afternoon miles from anywhere you'd ever been before. I shall never forget the smiling courtesy with which several Dutch people got me on the right track and safely back to where I should have gone in the first place.

We did what every tourist must do early on his visit to Amsterdam—we took a "Rondvaart" (round-trip) Canal Tour in one of the large, glassed-in water-buses, that are so very clean, comfortable

and well-run (in fact, one wonders if in Amsterdam there is anything that isn't clean, comfortable and well-run!). For an hour and a quarter we chugged up one canal and down another, admiring the high, narrow houses fronting on the tree-lined canals, meeting strings of laden barges, passing rows of houseboats tied up in the less busy canals, took a turn out around the vast harbour of Amsterdam, all the while listening to the bright young girl guide, who switched so easily from one to another of four languages. (But mostly she spoke in English, which is the second language of The Netherlands now.) Certainly a tour by water-bus is the way to get the feel of this remarkable canal city.

When one thinks of a factory one usually pictures an assembly-line plant turning out anything from tractors to household gadgets. In Amsterdam it can be quite different: we visited a "diamond factory" one day. It was A. Van Moppes & Zoon, the largest of the many diamond-cutting factories which make Amsterdam famous as the diamond centre of the world. A thoughtfully-planned tour shows the visitor all phases of a diamond's life—from the rough diamonds as they are mined, (chiefly in Africa), through the cutting, shaping and polishing to its final perfection as the peerless gem. The tour ends in the display and sales room, where one meets "a girl's best friend" in all its glory.

How does one tell about Amsterdam's art museums in one brief paragraph? As our hotel was a mere five minutes walk from the Rijkmuseum (National Museum), I managed three visits to it during our stay. Few would dispute the statement that this is one of the greatest art museums in the world—indeed, what other can claim three rooms filled with Rembrandts! In the final and largest of these galleries, beautifully situated and covering the entire end wall, one comes upon what is probably the ultimate of the Master's work, his great and glorious *Night Watch*. I made one visit to the other major art centre of Amsterdam, the Stedelijk (Municipal) Museum. After a study of the immense collection of Van Goghs and a tour of some French artists, such as Monet, Cezanne, Degas, I arrived at the present day art forms—and I couldn't get out of the place fast enough! Old hat and square! Perhaps I am, but after the Vermeers, Rembrandts, Van Goghs, the blobs and geometrical exercises of the Stedelijk moderns were not for me.

We attended a performance of the Concertgebouw orchestra one evening, guests of the Royal Netherlands Tuberculosis Association. Here, again, a few sentences can never give an adequate description of this great orchestra, which ranks with the world's best, nor of its concert hall, a beautiful and acoustically-perfect setting for its treasured orchestra.

But what of the windmills and wooden shoes—those age-old symbols that spring to mind whenever Holland is mentioned? We did see a few, but, frankly, they are retained pretty much for the tourist interest now. Windmills still dot the countryside, albeit sparsely, and are preserved to add a picturesque touch to the flat Dutch landscape, but their work is performed more efficiently by electricity today. Wooden shoes are still used in the country, we were told, but rarely seen in the cities. However, you have no trouble buying all sizes and kinds of them for souvenirs, of course.

In the opening paragraph I said Amsterdam "is, and isn't" the capital of The Netherlands. Perhaps a word of explanation is in order. Amsterdam is the capital, *but* at the same time the seat of government—parliament, the executive offices, the embassies, all of which we usually regard as appurtenances and trappings of a capital,—are located in The Hague, some thirty miles from Amsterdam. So make what you like of it—for the Dutch, it's Amsterdam. And about that personal list of Cities I Would Like Most To Visit? Well, I've had to turn it upside down, which puts Amsterdam very close to the top.

* * * * *

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 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.

So Ca San Piper

WHAT IS HAPPENING ABOUT TB?

How is the campaign against tuberculosis going? Measured in numbers, that is?

Up to the end of November, 1967, there were 3,745 new cases reported and 649 reactivated cases. In both categories this was up from the same date the year before.

Get right down to it, the number of new and reactivated cases has not changed very much in the last five years.

Of course we have to take into our calculation that the population is going up all the time, even if the birth rate is going down. The population rate of increase is more than the rate of increase in reported cases of TB. The **percentage** increase in the number of TB cases was less than one per cent. Population rates go up more than that—about two per cent plus. So Canada's population swelled in the period with which we were dealing by close to 400,000, but the number of cases of tuberculosis went up by only 47.

Still, **any** increase is discouraging. And there is another thing that is discouraging. It is that of the 3,745 new cases reported up to the end of November, 558 were boys and girls under 20 years of age.

This can mean just one thing. There are a lot of people with active tuberculosis walking around spreading tubercle bacilli.

When one considers the availability of diagnostic services all over Canada, that most Canadians are within reach of a clinic where they could be given a tuberculin test free and if it were positive a chest x-ray free, it is pretty sad that 558 youngsters developed tuberculosis—especially when one takes into account that the 558 who developed active disease were certainly not the only ones infected. Undoubtedly there were others who are likely to break down some time in the future.

Everything considered, this is no time for congratulating ourselves on the advances against TB.

Tb and not Tb.

* * * * *

THIS HAPPENED IN BOSTON

Conductor: "And what is your age, Miss?"

Young Miss: "If your railroad company has no objection, I would prefer to pay full fare and not divulge to you any personal statistics."

HISTORICAL PICTURE UNVEILED AT SANATORIUM

On Wednesday afternoon, March 13, the nursing staff of the Nova Scotia Sanatorium presented their Centennial Project to the institution. Planning for this had begun in 1967 but could not be completed until early 1968.

The project was to place on record with appropriate photographs, the names of all the Directors of Nursing at the Sanatorium since it was founded in 1904. A large framed composite picture of a number of the Directors on a centennial background motif was unveiled by Miss Adelaide Munro, R.N., who had been Director of Nursing at the Sanatorium from 1947 to 1958. The names of the other directors are recorded on the picture.

The various incumbents of this office over the years were: Miss Bertha Elliott (1904 to 1910), Miss E. E. Drane (1910-1912), Miss L. M. Hall (1912-1913), Miss A. G. Murphy (1913-1916?), Miss Lillian Dixon Hart (1917), Miss Jessie M. Woodbury (1918-1919), Miss Margaret MacDonnell (1919-1923), Mrs. Jean Campbell (1923-1926), Miss Florence L. MacInnis (1927-1930), Miss Ann D. Allan (1930-1933), Mrs. Hope Mack (1933-1944), Mrs. Lennie E. MacPherson (1944-1946), Miss Jean MacInnis (1947), Miss Adelaide Munro (1947-1958) and Mrs. Hope Mack (1959 to present time).

The members of the Centennial Project Committee were Miss Betty McPhail, Mrs. Janice Sullivan, Miss Jean Dobson, Mrs. Florence England, Mr. Leland Nickerson, Mrs. Sarah Zirkel, and Mrs. Kathleen Dakin.

The Centennial Memorial picture will hang in the auditorium of Miller Hall. Efforts are continuing to obtain further information and photographs of the Misses Elliott, Drane, Hall, Murphy, MacDonnell and Jean McInnis and it is hoped that some who read this account may be of assistance in this regard.

[SEE PICTURE ON PAGE 17]

MOUNT ST. VINCENT NURSES VISIT SANATORIUM

Fifteen nurses from the Mount St. Vincent University School of Nursing spent the day at the Nova Scotia Sanatorium on March 6. They were accompanied by Sister Jean Eudes, Director of the School, and Miss Brenda Ryan, R.N., Instructor. During the day, lectures were provided by the Sanatorium staff. These nurses are enrolled in the University's four year course leading to the degree of B.Sc. in Nursing.

SANATORIUM HOSTS OUT POST NURSES

On March 12, five post-graduate nurses from Dalhousie University attended a special series of lectures at the Nova Scotia Sanatorium. These young ladies are registered nurses from British Columbia, Alberta, Ontario and New Brunswick and are in the process of taking a two year course at Dalhousie School of Nursing to prepare them for positions in remote areas of Northern Canada where medical care by resident doctors is not continuously possible.

TB HAS NOT DIED OUT— SAME GERM STILL ACTIVE

You may have the impression that tuberculosis has "died out."

TB just does not "die out."

TB has to be **pushed out**—and the push has to be kept up.

Microbes do not change much, and the TB germ has not changed over the centuries.

Lung tissue of tuberculosis patients today does not differ from lung tissue of 100 years ago . . . 500 years ago . . . or even longer for that matter.

The tubercle bacilli which patients cough up today are the exact duplicates of those first isolated and identified by the scientist Robert Koch in 1882.

When enough of these bacilli are turned loose in a community they can take hold today just as they have done for centuries past.

This is why it is still so important to make certain the germs do not have a chance to find you.

This is why it is so important to attend x-ray clinics when they are in your area, or, if you are an adult, and especially if you are over 40, to be sure and get an x-ray each year.

Have you had a tuberculin test and/or an x-ray this year? If not, why not see about it today?

—Sanatorium Outlook

* * * * *

AT THE BANK

Timid Soul: "I would like to cash this check."

Cashier: "What denomination, Madam?"

Timid Soul: "Oh, I belong to the Presbyterian Church."

NURSING NEWS

The '68A Class of Nursing Assistants who completed their course in February, celebrated the occasion with a Graduation Dance in the Cornwallis Inn Ballroom on February 17th. Miss Jessie MacDonald, Class President; Mrs. Catherine Boyle, R.N., Mrs. Hope Mack, R.N., and Dr. and Mrs. J. E. Hiltz of the Sanatorium were in the receiving line. Formal Graduation Exercises for '68A and B classes are to be held in April.

Miss Vilda Skerry, R.N., Miss Gayle Wilson, R.N., Mrs. Cecilia Pascoe, R.N., Mrs. Kathleen Dakin, R.N., and Mrs. Nora Cheesman, R.N., attended the Symposium on Inhalation Therapy at the Holiday Inn Motor Hotel, Dartmouth, on February 15th, 16th, and 17th.

Another class of students arrived in February to take the course for Nursing Assistants.

Miss Somboon Sunthonlap, R.N., was one of the speakers at the February meeting of the Business and Professional Women's Club, International Night Program. She described some of the customs and the culture of Thailand, her native country.

Mrs. Catherine Boyle, R.N., attended the Executive Meeting of the Registered Nurses Association of N. S. in Halifax as president of the Valley Branch.

Fourteen student nurses from the four-year degree course at Mount Saint Vincent College, spent a day at the Sanatorium. They were accompanied by Sister Jean Eudes, R.N., Director of Nursing, and Miss Ryan, R.N., Nursing Instructor.

Five nurses from the Outpost Nursing Course at Dalhousie University were also visitors at the Sanatorium, recently.

Miss Churney, Miss Firth, Miss Kennedy, Miss J. MacDonald, Miss K. MacDonald, Miss A. MacNeil, Miss Penney, Miss J. MacPherson, Miss Barkhouse, and Miss Sanford, graduates of the Class '68A, have remained on the Nursing Staff. We welcome them as graduate Nursing Assistants.

Congratulations to Janice and Ron Sullivan on the birth of a daughter on March 2nd.

Miss Rita MacKenzie, a former member of the staff in Nursing Office, was a visitor here recently. She is presently doing clerical work at the Point Edward Vocational School.

Mrs. Marie Twohig, R.N., is at present on a leave of absence awaiting a blessed event.

Miss Vilda Skerry, R.N., spoke to stu-

dents at Cornwallis District High School about a career as Certified Nursing Assistant.

Miss Elizabeth MacPhail, R.N., attended the Institute at Dalhousie University on Leadership for Quality Nursing Service.

PATIENT ACTIVITIES

Bingo Party

On the evening of Wednesday, March 13th, a very successful Bingo party was held in the Patients' Dining Room. The room was tastefully decorated for St. Patrick's Day, most of the work having been done by patients. Sponsors of the party were the ladies of the Olympic Chapter, Imperial Order Daughters of the Empire. They provided a generous number of prizes, as well as delicious refreshments served, as usual, with the assistance of our Dietary Department. Mr. George Bishop did an admirable job of calling out the numbers and directing the play. A list of the regular Bingo winners is as follows: Miss Louise Boudreau, Arthur Abbott, Albert Bellefontaine, Angus Doucette, Betty Saulnier, George Ludington, Virginia Wheaton, Mrs. Mary Houghton, Alphonse Callaghan, Elmer d'Entremont, Mrs. Fannie Coolen, Jean Mailliet, Muriel Dagley, William Archibald and Elmer d'Entremont who won for the second time.

In addition to the above list, special prizes were given for such reasons as: youngest and oldest person present, the one with the most children, and, last but not least, the wearer of the shortest miniskirt!

Don Brown represented our Rehabilitation Department. Dr. Hiltz introduced the ladies of the I.O.D.E., and gave some interesting details concerning the date when the Olympic Chapter was established, and mentioned that members of the chapter have sponsored an annual party for our patients since approximately 1918. Dr. Hiltz thanked the group for this and for the many other things that they do for the patients of the Sanatorium. Our thanks, as well, to Mr. George Bishop for his part in making this a very enjoyable evening.

Sings Solos

We were pleased to have Miss Virginia Wheaton, an ex-patient, as guest soloist at a couple of our Sunday morning Chapel Services in March. Miss Wheaton, who was discharged to her home in December, returned to the Sanatorium for a routine check-up.

The Treatment Of T.B. Today

By J. Ryder, M.B., Ch.B., F.C.C.P.

Medical Superintendent, Baker Memorial Sanatorium, Calgary

It was in the year 1944 that streptomycin was isolated from a fungus which grows in soil: it was found to be of value in controlling tuberculosis in guinea pigs and later in man.

In this way a new era of drug treatment (chemotherapy) began and this was to make possible surgery to remove diseased areas of lung, to make possible the cure of tuberculosis meningitis, to reduce the time required in sanatorium and to help to bring the disease nearer to control.

Streptomycin was discovered by Waksman when he was searching for a drug to attack germs resistant to penicillin. What do we mean by resistance? Human beings can learn to survive under the most difficult and adverse conditions, for example, cold, dampness and close confinement. In like fashion, germs can adapt themselves to the presence of some enemy agent and can learn to live with it. We then say that they have become resistant.

There are some conditions which are favourable to the germs in becoming resistant in this way. It is important to remember them—taking a single drug (we always give two and sometimes three), omitting doses due to neglect or forgetfulness and failure to continue the drugs for the recommended time.

There are three drugs which are referred to as "standard" or "major" or "first-line." They are streptomycin, PAS and isoniazid (INH).

Streptomycin is injected into the muscle and is usually given every day, or sometimes two or three times a week. It is a very powerful agent against tuberculosis.

It must be remembered that many medicines can have poisonous or toxic actions as well as beneficial actions and that some people are more susceptible to show these unwanted reactions—they rapidly develop sensitivity or what we call allergy.

In the case of streptomycin, such toxic reactions are not seen in the doses we use today but the drug can affect one of the nerves controlling sense of position and the result is dizziness: in very big doses it can disturb hearing and cause some degree of deafness.

PAS is not a very powerful drug but when combined with other drugs, it helps

to prevent the development of drug resistance. The powder is unpleasant to take but is well absorbed; it can also be given in tablet form. It is sometimes irritating to the stomach and bowel and may cause loss of appetite, nausea, vomiting and diarrhea.

Isoniazid is our most powerful weapon among the drugs. It is cheap and easy to produce; it is normally given by mouth but in an emergency can be given by injection. Its toxic action is rare but when it occurs, is against the nervous system; this can be largely prevented by giving a vitamin preparation called pyridoxine or Vitamin B₆.

Allergic reactions can occur to any of these drugs but are more common with streptomycin and PAS than with INH. A patient can be excessively sensitive to one or more of the drugs. Skin rashes, fever, shivering, vomiting and quite severe generalized reactions can occur; when the drug is stopped, they usually clear up quite rapidly.

Sometimes when the germs are shown to be resistant to the first-line drugs, or when a patient is allergic to them, we may have to use "second-line" drugs. Generally speaking, they are less powerful and their side effects or toxic or allergic effects are more severe and unpleasant. So we use them only when forced into doing so. Here are the names of some of them:

Ethionamide is quite powerful but very unpleasant and can be extremely irritating to the stomach and bowel.

Pyrazinamide is quite effective. We know that it can damage the liver and special tests have got to be done to check on this.

Cycloserine can cause disturbances in the nervous system.

Viomycin must be given with care to people who have kidney disease; it can also cause some degree of deafness.

Isoxyl is a very expensive drug and not too powerful. It can be useful if given with either streptomycin or isoniazid to an individual who cannot tolerate PAS.

Allergic reactions such as have already been described may occur to any of these drugs. They are used firstly, when the germs have become resistant to the standard drugs; secondly, when the patient shows toxic or hypersensitivity reactions to the major drugs; and thirdly, when ad-

ditional short-term coverage is needed, as may happen at the time of surgery or in an emergency.

Our knowledge of the drugs is now at the point where we can expect control of the disease and that most failures in treatment are due to the use of drugs to which the organisms are resistant, or to neglect on the part of the patient to take them as prescribed.

We have three front-line drugs: two or sometimes three should be given together. INH with either streptomycin or PAS or with both streptomycin and PAS are suitable combinations. Treatment must be *continuous*; it should be *uninterrupted*; it should be *prolonged* for eighteen months to two years.

When we understand this modern treatment, we can then assess the present day thinking about the treatment of tuberculosis.

The place of the sanatorium in the program as far as Canada and North America are concerned is to provide a setting where the infectious individual can be treated and where he is not a danger to his associates as he would be at home or at work. When one understands the many problems which can arise from the drugs, one can appreciate that the best place to start them is under observation in a hospital. It takes two or three months of laboratory work to learn whether a patient is infectious and coughing up germs of tuberculosis; it takes even longer than this to determine if these germs are resistant to the drugs we are using. Most active cases of tuberculosis will be kept in the sanatorium while these investigations are completed.

Rest and restriction of activities are necessary in the patient who has symptoms, fever, loss of weight, night sweats, etc.

The routine of sanatorium life, along with education about the disease, combine to establish in the mind of the patient the necessity to adopt a way of life which will preserve his good health and prevent his disease from breaking down again.

Health education will bring an understanding of the disease, the whys and wherefores of drug treatment and the need for regular followup x-ray for the rest of one's life.

How long need a patient remain in the sanatorium? No two patients are alike and this time factor is influenced by the extent of disease present, by the way in which the disease clears under treatment and, of course, by the understanding, acceptance and co-operation of the patient.

In general, it is agreed that a patient should remain in sanatorium until he or

she is no longer infectious; and often it is desirable that successive x-rays should have reached a point where they are showing stability, or no change, indicating the best possible degree of improvement.

Once a patient has reached this stage, discharge can be permitted to home or domiciliary treatment. Some homes are good, some are not so good and some patients may not have a home to go to. This can affect the duration of stay in sanatorium.

If out-patient treatment is difficult to obtain due to distance or availability of clinics, it may require a patient to stay in sanatorium for a longer period of time.

Some patients, too, are not receptive to advice and self-discipline and for their own good, an effort may be made to hold them in sanatorium for longer periods of time.

We do know that the earlier disease is discovered, the less extensive it is likely to be, the more responsive it is to treatment, the shorter will be the period in sanatorium and the better will be the final result.

All of us who are treating the disease are trying to be sure that the treatment is acceptable to and accepted by the sufferer from tuberculosis.

—The Valley Echo
via San-O-Zark

YES! YES!

I will waylay you in unexpected places and rob you of your peace of mind, giving in its stead disturbing fancies.

I will upset your mental routine, and renew the colors of faded memories.

I will awaken the echo of half-forgotten songs; I will try to coax you away from desk and workbench to green places afar off.

Unless you are very old and crafty, you cannot hope to escape me.

My agents will be lurking outside your window when you awake and they will send stealthy messages to you by wireless when you try to sleep.

I will cause you to wonder whether Ambition is not Illusion, and if the Beckoning Road is not the destined path for you.

Children laughing in the street and birds hunting nests are my special representatives.

The sun and stars are my allies; the south wind does my bidding.

Steel yourself to resist me. Take a firm grip on respectability and permanence and hum-drum—

For I am Spring!

—Walk Over Shoe Prints.
—The Link

Question Box

J. J. Quinlan, M.D.



Q. Is it true that cold weather thickens the blood and warm weather thins it?

A. Air temperature has no effect whatsoever on the blood. It might be noted however, that the blood of natives who live in high altitudes

have a definitely increased amount of hemoglobin. This is a body's way of accommodating to the lowered atmospheric pressure and the consequent decrease in the amount of oxygen, in the air.

Q. It has been said that if a patient has either his left or right lung infected, he should lie on his infected side to prevent the disease from spreading to the uninfected lung. Is this true or it is just a matter of the patient's comfort?

A. It is assumed that the question refers to pulmonary tuberculosis. The notion that it is important to lie on the side of the disease is a relic from the days when drugs were not available and the treatment of tuberculosis was basically rest. Lying on the involved side helped to partially immobilize it and thus decrease the movement of the involved lung. With our modern methods of treating tuberculosis it matters little on which side the patient lies.

Q. If the lung has been partially collapsed because of obstruction of a

bronchial tube, will it ever re-expand?

A. Much will depend on the cause of the obstruction. If it is due to clogging of the bronchus with secretion or foreign body or to swelling of the lining of the bronchus due to inflammation, the obstruction can be relieved and the lung will return to normal. However, if the block is due to scarring and destruction of the bronchial wall or to tumour formation, the collapse is usually irreversible.

Q. Why do patients who have been cured break down again? Is it too much exertion, frequent colds, or a weakness?

A. It may be stated that patients with tuberculosis who have been cured do not break down. When relapse occurs it is an indication that even after what appeared to be adequate and prolonged treatment, potentially active disease remained in the lung. It is this disease, at times stimulated by frequent respiratory infection or over-exertion but sometimes for no apparent reason, which breaks down. It is for this reason that we advise removal by surgery of any significant tuberculous disease remaining after prolonged drug treatment.

Q. Can one contract tuberculosis in the smaller bronchial tubes without having it in the lungs?

A. Tuberculosis always begins in the lung substance and the bronchial tubes are infected secondarily. However, it is possible to have tuberculous bronchitis producing symptoms and positive sputum but the actual lung disease so minimal that it cannot be seen on the chest x-ray.

HE WAS NOT A GLOOM

The storm was increasing in violence and some of the deck fittings had already been swept overboard when the captain decided to send up a signal of distress. But hardly had the rocket burst over the ship when a solemn-faced passenger stepped on to the bridge.

"Captain," he said, "I'd be the last man on earth to cast a damper on anyone, but it seems to me that this is no time for letting off fireworks."

* * * *

No man can keep a chip on his shoulder all the time if you let him take a bow now and then.

A very lonesome American tourist in London went into a restaurant one morning and, after scanning the menu disconsolately, said to the waitress:

"I'd like two soft-boiled eggs—and some kind words."

In due time the waitress returned, placed the eggs before him, and started away.

"What about the kind words?" inquired the lonesome one.

With a quick glance around the girl bent over and whispered in his ear:

"Don't eat them eggs!"

A MATTER OF THE MOON

Easter is latish this year but not as late as it can be. The latest it can be is April 25th. The earliest is March 22nd. The spread is because when Easter comes depends on the moon. Easter Sunday is the first Sunday after the full moon which happens to be nearest March 21st. That is the date usually proclaimed as the first day of spring (and in this climate generally not very springlike). It is the time of the spring equinox.

Why refer the matter to the distant moon? Because in days of old, pilgrims wanted moonlight to travel by to and from shrines. Not everyone travelled both day and night. The pilgrims described by Chaucer in his **Canterbury Tales** spent the night comfortably (by their standards) at inns, the first of which was the Tabard. Some pilgrims with less time and perhaps more piety travelled night and day.

Night travel was dangerous. The roads were so bad that travellers could easily get mired. There were a lot of highway robbers too. The darker it was, the better chance these hoodlums had to attack wayfarers and after robbing them of anything they had in the way of goods, including horses, the better the chance the thieves would escape without the victims even knowing what they looked like.

We think there is a fair share of criminal activity nowadays. Has it ever been any different?

The pilgrimages to shrines seem a long way from the bunnies and Easter eggs with which shop windows have been so profusely decorated for some weeks now. They are a different story.

The egg is a natural symbol of the renewal of life, that one generation may go but another will take its place. The veneration of the egg is no mere matter of commercial acumen. The chocolate eggs look frivolous but one could hardly feel that way about the hand done art work with which women in Eastern Europe have for centuries decorated Easter eggs. It is an expression of thankfulness at the continuity of life which evokes respect in others.

Then consider the rabbit. Think of its appropriateness as a symbol of enduring despite hazards. It is edible which makes it desirable prey for other animals, including animals carrying guns. It can't fight a fox or wolf and even owls can swoop down and make short work of the young. True, it has speed, but so have many of its foes. It can change colour with the seasons—one slight advantage.

It is a frightened sort of animal to be

a symbol of survival and yet from remote times primitive man has considered it just that, because seemingly no matter how many millions of rabbits are killed more millions replace them. Just ask the Australians.

Our generation feels threatened with extinction because of the various bombs. Primitive man **knew** his family, his tribe, perhaps his whole clan of tribes could be wiped out by disease, famine, floods or enemies. Against these odds what was the best insurance?—a high birth rate and the symbol of a high birth rate was the rabbit.

That's how the timid but fecund rabbit got into the celebration of spring and though high birth rates are out of style just now the rabbit has become ensconced in the candy business and so, we presume, is here to stay.

Tb and not Tb.

* * * * *

WALKING WITH APRIL

Let me get my red umbrella,

Put my rubbers on once more.

See! The silver drops are falling.

April's knocking at my door!

Arm in arm we walk together,

April giggles in the rain,

As we wander like two children

Through the budding parks again.

April pulls my red umbrella,

Blows it down the misty street

Where it bounces in a puddle

And mud splashes on my feet!

And the wind laughs silver laughter

And the trees bend down to see

April standing in the sunshine

Pouring gold-dust over me!

—Jane Devlin

* * * * *

God hath not promised

Skies always blue,

Flower-strewn pathways

All our lives through;

God hath not promised

Sun without rain,

Joy without sorrow,

Peace without pain.

But God hath promised

Strength for the day,

Rest for the labor,

Light for the way,

Grace for the trials,

Help from above,

Unfailing sympathy,

Undying love.

—San-O-Zark

HEALTH RAYS

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STAFF

<i>Managing Editor</i>	Donald M. Brown
<i>Assistant Editor</i>	Marguerite B. MacLeod
<i>Business Manager</i>	John Akin
<i>Subscription Manager</i>	Steve E. Mullen

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EDITORIAL COMMENT

Last month we began by saying that spring is just around the corner. Now, as I write this, it is officially upon us—having arrived early, we are told, because of leap year. (You did realize it is leap year, didn't you?) Anyway, we are trying to get into the spirit of spring with some appropriate poems and other articles; and try not to look over our shoulder at the snow flurries.

Actually, we have already had a good deal of spring-like weather and our goodly depth of snow has melted and has run off without serious flooding. Truly, we have a good deal to be thankful for; our climate in springtime, though frequently inclement and somewhat unpredictable, is quite benign, without earthquakes, tornadoes, or floods.

The ladies may well have occasion to be thankful, too, for Easter is later this year. There must be little joy in wearing the new outfit at Easter, only to find that it is cold enough for winter woolies. This year will be different—with a little bit of luck.

Here at the Sanatorium we are already hearing people speak of the future in terms of the expected Easter pass. Passes become something like milestones for patients—Christmas, Easter, and summer passes—and I think that it is both helpful and healthful to look ahead in terms of milestones. Some milestones may take the form of pleasurable occasions, such as the hoped-for pass, the next patients' party, or the expected weekend visitors. It can also be the next x-ray and the hoped-for increase in exercise.

We should also consider how we will use the exercise and the time at our disposal. We can set up our own tentative, initial, intermediate, and advanced goals to serve as markers. In this way we can

always be working toward an ultimate goal and can derive satisfaction through attaining small but significant objectives along the way. For the best result we should never feel that the ultimate goal is achieved, so let's resolve to make good use of the free time at our disposal.

* * * * *

Here is a noteworthy item of news concerning rehabilitation: Mr. Frank Wellard, Director of the Rehabilitation Division, Halifax, has announced that on April 1st his Division transfers from the Department of Public Health to the Department of Public Welfare. This does not directly effect us at the Sanatorium, but it does indicate a certain trend. A good deal of emphasis is being placed upon rehabilitating many of those who are habitually "on the Welfare" but are "disadvantaged", rather than suffering from any measurable degree of physical disability. In times of full employment they would be productive workers. In ordinary times they need help in order to compete on the open market. Through the joint efforts of the Rehabilitation Division and the Canada Manpower program we expect that much will be accomplished along this line.

* * * * *

Miss Lorraine Lewis, Medical Records Clerk at Point Edward Hospital, tells us that in our March issue there was an error: It seems that the Point Edward "Admissions" were marked "Discharges" and . . . you can guess the rest. Our apologies for this error.

Christ the Lord is risen agin;
Christ hath broken every chain;
Hark! angelic voices cry,
Singing evermore on high, Alleluia!

—Michael Weiss

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Nurses at the N.S. Sanatorium completed their Canadian centennial project, a framed collection of photographs of all directors of nursing and this was unveiled last week. Third from left is Miss Adelaide Munro, Wilmot, a former director and at her left, Mrs. Hope Mack, present director. Others, members of the centennial committee, are (l. to r.): Leland Nickerson, C.N.A.; Miss Elizabeth MacPhail, R.N.; Mrs. Kathleen Dakin, R.N.; Mrs. Sarah Zirkel R.N.

EASTER PRAYER

When I draw near the tomb this Easter Day.
 May all the stones of doubt be rolled away;
 Be symbol of a weary soul's new birth.
 And may I leave the tomb this holy morn,
 Renewed in simple faith; as newly born.

Ayres

* * * * *

Help thy brother's boat across, and lo! thine own has reached the shore.

—Hindu Proverb

OUR BEST

Face your deficiencies and acknowledge them, but do not let them master you. Let them teach you patience, sweetness, insight. When we do the best we can, we never know what miracle is wrought in our own life, or in the life of another.

—Helen Keller

* * * * *

Why can't life's problems hit us when we are eighteen and know everything?

—John Ruskin

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St. John's Anglican Church

The disciples of Jesus had been filled with despair on Good Friday. Their best Friend and Master, upon Whom they had placed all their hopes for the future, had been executed like a common criminal on the Cross. He was dead. Then came Easter. When they came to realize what had happened, that He was not dead, but alive evermore, they were filled with a joy and excitement such as had never been known before.

But, of course, it was not possible for them to live every day in the same level of excitement that they experienced on the first Easter Day, although life for them after Easter was vastly different than it was before Easter. Imagine St. John telling the story of what it was like afterwards living with Jesus like this:

"After these things, after the wonder and amazement and the overflowing joy that was the first Easter, we felt the need to get back to ordinary things we could understand, and St. Peter said to us, 'I'm going fishing.' So we all said, 'We'll go too.' There was Peter and Thomas and Nathaniel and James and me and two others of us.

"So we got our fishing boat and started out on our own in our old, familiar job. And all night long we caught nothing. Actually, it was like the first time when the Master called us; but we were still too excited and full of amazement finding Him risen and glorious and not expecting at all to see Him in the old places along the seashore.

"Then, just as it was beginning to get light, we heard someone call to us and saw this person on the shore. But still we

didn't recognize Him. We just didn't expect to see Him there. This person called out and asked if we had caught anything. We said, 'No'; and then He called back, 'Cast the net on the right side and ye shall find.' And we did, though it seemed a bit foolish after the long night's work we'd had; and there were the fish, so many we couldn't pull in the net.

"Then we knew. It was Jesus. We couldn't get ashore fast enough, and He took some of our fish and added them to those already cooking there and we had breakfast together. It was almost as if the past week hadn't happened, except that He made a special point to show Peter that he was forgiven for his denial, and to give us all the assurance that He had work for us to do for Him.

"But chiefly, it was the lesson to us that our Master is not a FORMER friend, but a PRESENT and CONTINUING companion. He showed Himself again to His disciples, and again and again; and he is still doing it." (Read St. John 21).

The heart of the Christian Faith is that Christ is alive forevermore. Sir Richard Grenfell, the famous doctor who founded the Grenfell Mission in Labrador, near the end of his life wrote a little book entitled: "What Jesus Means to Me." In the book he said, "Christ means to me a living personality today, Who moves about in the world and like a good Comrade gives us strength and power to be brave and to do the right thing. We endure as seeing Him Who is invisible." Jesus said: "Lo, I am with you always, even unto the end of the world." And He is!

SHALL WE LIVE AGAIN?

Life is.
Has it been?
Shall it be again
After the earthly garment lies under the
green
Beneath the sky?
God alone knows
And a voice speaks softly,
"Jesus arose."

—Alice Black

* * * * *

It is only when men begin to worship
that they begin to grow.

—Calvin Coolidge

EASTER MELODY

Easter rings in glory,
Beyond all earthly story
A chime of joy
Without alloy,
Over the way
From day to day.
A song of life
Above all strife,
Of risen life in glory.

—Mary P. Denny

* * * * *

Happiness is everywhere, and its spring
is in our own heart.

THREE DAYS TO SEE

Helen Keller once wrote an article for Atlantic Monthly which she entitled "Three Days to See."

In the article she suggested that it might be good if all people were blind and deaf for a few days of their lives. This, she thought, would teach us appreciation of our many blessings.

"If I had three days to see," she tells us, "first, I would call my dearest friends together—the ones who have made life worth living for me—and I'd look deeply into their faces and hearts." She wondered if we "seeing people" could accurately describe the faces of our five dearest friends. Can you?

Then, she would want to see the face of a trusting child and to look into the loyal eyes of her dogs who had meant so much to her. After a walk through the woods, she would pray for the glory of a sunset and then the sunrise.

"Oh," she says, "the things I should see if I had the power of sight for just three days!"

And to us who have eyes which see she suggests that we use our eyes as if we would be stricken blind tomorrow.

With this thought of Helen Keller's in mind we wish for our readers ears which will be attuned to the "Angel's Chorus" and a "spiritual vision" which will strengthen with each day of the year.

The Link

* * * * *

Energy cannot be destroyed but it can go to waste.

THE LEGEND OF THE DOGWOOD

There is a legend, that at the time of the crucifixion the dogwood had been the size of the oak and other forest trees. So firm and strong was the tree that it was chosen as the timber for the cross. To be used for such a cruel purpose greatly distressed the tree, and Our Lord, nailed upon it, sensed this, and in His gently pity for all sorrow and suffering said to it: "Because of your regret and pity for my suffering, never again shall the dogwood tree grow large enough to be used for a cross. Henceforth it shall be slender and bent and twisted, and its blossoms shall be in the form of a cross, two long and two short petals. And in the center of the outer edge of each petal there will be nail prints, brown with rust and stained with red, and in the center of the flower will be a crown of thorns, and all who see it will remember.

—The Iowa Stethoscope

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Old Timers

The "Feel" of spring is in the air and those little bright green blades of grass peeking so coyly above ground are indeed a welcome sight. Welcome, too, is the news of Old Timers from Anne Marie and other sources.

When our very own Anne Marie had chest surgery some years back, her "special" nurse was Beulah Doherty of Baddeck. Indeed, this is the role in which Beulah is apt to be most particularly remembered by many another patient of twenty or so years ago. And all will be glad to hear that when she and her husband Andy visited friends at the Sanatorium recently, she virtually exuded good health.

Ellen (Abernethy) Van Blarcom of Wolfville who cured here in 1952, then joined the staff as Medical Section Nurse, was in for a routine check-up. To quote Anne Marie, "Ellen hasn't changed a bit."

Also in for the same reason was Hope Balsor. Hope, who cured in '49, is well and works in Morden.

Steve Mullen was pleased to have a visit from Siebert Perry a few days ago. Siebert, who was here in 1950, has his own taxi stand in Shelburne.

The Halifax **Chronicle Herald** is the source of the good news about Harold MacKinnon, R.N., formerly of Stewiacke. Mr. MacKinnon who is a graduate of the Nova Scotia School of Nursing in Dartmouth, joined the Sanatorium Staff after completing his cure here in 1949. Since then he has held responsible positions in several hospitals in the United States and has recently been appointed Director of Nursing at Jackson Memorial Hospital, Miami, Florida. During his patient days Harold met Phoebe Wellwood, also a patient, and a San romance was born. This eventually led to the altar. The MacKinnons are now the proud parents of two fine sons—Rod and Bill.

Through one of our present patients, Bernard Amero, we hear that his brother Leslie, who spent some time curing here in 1943, is working at Long Beach, California. Leslie returned home to Weaver's Settlement in Digby County for a visit last summer.

Father Charles Cameron, here in 1965, is now curate at Lourdes in Pictou County. Father Cameron brought the Stellarton Boys' Hockey Team to Kentville to play the Kings County Academy team, and took the opportunity to visit Sanatorium patients from the Pictou area as well as other friends. He has gained weight and looks very fit, indeed.

Rosemary (Trenholm) Baas cured at the Sanatorium in 1953, and now lives in Vineland, Ontario, where she very successfully operates her own beauty parlor. Not long ago Rosemary visited Marie Forsythe, who was a patient here in 1954. Now living in St. Catharines, Ontario, Marie formerly lived in Port Williams.

We hear that Cecil Davidson of Gasperau, who was here eleven years ago, enjoys the best of health. He drives a truck for Maurice's Ready Mix, New Minas.

While travelling via Dayliner one day recently, Mrs. Silver of the Rehab. Department felt a tap on her shoulder and looking up, saw an old friend, Donna (Marsh) Manley. Since both were Halifax-bound, there was time for a long delightful talk. Donna was a patient here away back in the 'Thirties, and both she and her husband Joe were on the nursing staff for some years. They make their home in Ellershouse now, but Joe is employed at Halifax Shipyards.

Stan Robichaud, also of the Rehab. Staff, had a chat with Glen Jefferson one evening in Wolfville. Glen, who is an instructor in the Radio Department of the Kings County Vocational School, gave a lecture on radio to the evening Adult Class which Stan is attending. He is well as is also his father, Victor Jefferson of Torbrook. Both cured here in the 'Fifties, and the father again in 1965.

Beulah Trask, switchboard operator,

THIS HALF PAGE WITH THE
COMPLIMENTS OF

Don Chase, Ltd.

had a letter from Mrs. Wilda Marcotte, a former Sanatorium C.N.A. who spent the month of February in Miami, Florida. Mrs. Marcotte returned to her hospital duties in Tatamagouche fully rested and as brown as a berry.

Your columnist was very pleasantly surprised when a well-groomed young gentleman, who came to the Rehab. Office in a professional capacity, addressed her by name and assured her that he was in very truth Donald Burns, a former Roseway Hospital patient. We realized in those days that Donald was destined to "make his mark." The cure completed, Donald took a commercial course in Truro, and for the first nine years following graduation, was employed by Nova Scotia

Trust in Halifax. For the past year-and-a-half he has been Juvenile Probation Officer in Bridgewater.

Mrs. Burns, the former Myrna Brewster, was on the Sanatorium Nursing Staff at one time. Later, she was also a patient at Roseway. Like Donald, Myrna enjoys the best of health, and is kept busy with their two young children—a boy and a girl.

* * * * *

Wise men ne'er sit and wail their loss,
But cheerily seek how to redress their
harms.

What though the mast be now blown
overboard,
The cable broke, the holding anchor lost,
And half our sailors swallowed in the
flood—
Yet lives our pilot still.

—William Shakespeare

To live content with small means; to seek elegance rather than luxury, and refinement rather than fashion; to be worthy, not respectable; and wealthy, not rich; to study hard, think quietly, talk gently, act frankly; to listen to stars and birds, to babes and sages, with open heart; to bear all cheerfully, do all bravely, await occasions, hurry never; in a word, to let the spiritual, unbidden and unconscious, grow up through the common. This is to be my symphony.

—William Ellery Channing

* * * * *

A GOOD REASON

Little Rastus was asked why he was so happy and he replied: "Well Mam, I ain't got nobody or nothin' in my despersery."

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Just Jesting

Wally: "I am going to publish a volume of my poems and do it under the name of John Smith."

Editor: "Well, I don't think that would be quite fair."

Wally: "Why not?"

Editor: "Just think of the thousands of innocent men who will be suspected."

* * * * *

A Cockney merchant had made a lot of money and decided to spend some of it on a castle in the Highlands of Scotland. On the first evening, the butler approached him and said: "Would you care to have the pipers at dinner sir?"

"No, thanks," was the casual reply, "but you can tike them to the other room, and I'll read them liter."

* * * * *

They laughed when I started to make a new kind of dynamite, but when I dropped it, they exploded.

* * * * *

Enthusiastic Infirmary Visitor: "You're all a living illustration of "Patience on a monument,"

Catherine: "No, patients on a pillow."

* * * * *

Visitor: "You must be anxious as to how all these patients are going to turn out."

Dr. Hiltz: "The night nurse reports that her biggest anxiety is when they are going to turn in."

* * * * *

Jean: "Say, Betty, do you know what hamlets are?"

Betty: "Sure, they're little pigs."

* * * * *

A farmer, in great need of extra help during a particularly busy season, finally asked the town lazy man if he could help out.

"What'll you pay?" asked the lazy man. "I'll pay you what you're worth," replied the farmer.

The lazy man scratched his head before replying. "Sorry, I can't work for that."

* * * * *

Musical Treat

"What did you hear at the opera yesterday?"

"All sorts of things. Smith is going bankrupt, Mrs. Brown has dyed hair, the Whites are having a divorce."

* * * * *

Sweet thing, applying for office job: "I'm very smart, I get all the words in every crossword puzzle I do."

Boss: "But I need someone who is smart in the office."

Sweet thing: "I do them in the office."

NOT SO GOOD!

"Three shirts, Brown?" asked the officer who was inspecting the soldiers' kits.

"Yes, sir" replied the private. "One on, one in the wash, and one in the box."

"Two pair of boots?"

"Yes, sir. One on and one in the box."

"Two pairs of socks, Brown?"

"Yes, sir. One on and one in the box,"

"Good!" exclaimed the officer, passing on to the next man, white Private Brown breathed a sigh of relief.

But suddenly the officer swung round and demanded: "Where's your box, Brown?"

"Please, sir, I've lost it!" replied the private.

* * * * *

Edith: "Where do all the bugs go in the winter?"

Betty V.: "Search me."

Edith: "No, thanks, I just wanted to know."

* * * * *

THE COME-DOWN

"This is Perkins, Potter, Parker and Potts; good morning."

"Is Mr. Potter there?"

"May I ask who is calling?"

"This is Mr. Sullivan's office of Sullivan, Chadwick, Bicknell, Hale and Jones."

"Just a moment, I'll connect you."

"Mr. Potter's office."

"Mr. Potter, please, Mr. Sullivan wants him."

"Will you put Mr. Sullivan on the line, please?"

"Mr. Sullivan? Ready with Mr. Potter. Hello, Pete? This is Joe, Okay for lunch? Good. See yu."

* * * * *

Righto

Woman Driver (after collision): "But I insist it was all my fault."

Man Driver: "No, my dear lady, it was my fault. I could tell your car was being driven by a woman at least forty rods away and I could easily have driven over into the field and avoided this."

* * * * *

BORROWING FROM HER NEIGHBOR

Mrs. Holly: "Would you be kind enough to lend me your lawn mower and rug beater for an hour?"

Mrs. Jolly: "I'm sorry, Mrs. Holly, but he isn't home from the office yet."

* * * * *

He: "With all your faults, I love you still."

She: "Well, I won't be still; I must talk sometimes."

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* * * * *

O Lord of all, with us abide
 In this our joyful Easter-tide;
 From every weapon death can wield
 Thine own redeemed forever shield.

—From the Latin, 6th Century

* * * * *

Laugh at your troubles and you may be
 sure that you will never run out of things
 to laugh at.

**BEING A PATIENT IS AN ENRICHING
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“Curing Time” Becomes a “Learning
 Time”

Emily R. Wagner, R.N.

“Now listen here, young lady, you have a very small lesion in your left lung.” Suddenly the world seemed to crumble from beneath my feet, and one horrifying thought shot through my mind—I have Tuberculosis! This is without a doubt, a most difficult thing for a person to accept, but accept it he must, for his is one-half of the healing process. How many times have I said this to my patients. It is certainly a good thing I believe in what I have been trying to help others believe in, for suddenly I find that I must experience first hand the emotions, the hopes, the anticipations, and the disappointments of my patients.

It is impossible to put into a few words, just what it is like to be a patient, rather than a nurse, among the very people with whom I have been working. However, I must admit that it has been one of the most enriching experiences in my life-time. In the past five weeks I have learned more about life and how to live than I have taken the time to realize previously. This has been a wonderful period of development—mentally, spiritually, emotionally, and physically. A whole new sense of awareness has opened and grown, and is flourishing.

It is strange how many times patients speak of “killing time” in the hospital or just “waiting it out.” This need not be the outlook if one, instead, thinks in terms of “living time” and “living and growing each day.” True, it is difficult to see this at first, and, of course, it takes time to recover from the initial shock of a tuberculosis diagnosis and the period of hospitalization that must be a part of it. But once recovered, and once accepting, one no longer lingers in the

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darkness of despair. Instead, the "waiting period" becomes a "learning period" through every sense of one's being; and "killing time" becomes "utilizing time." How is this done? The example I am most familiar with is my own, and many of the discoveries made in the past five weeks are surprising even to myself. Although in some instances, the desire to learn or the interest was already there, the time and opportunity were not. I have always enjoyed reading, but usually had to limit this to material that NEEDED to be read. Now I read for pleasure and interest, and have included books I have always wanted to read but had to "put off." This reading led to books concerning subjects I did not have time for previously—music appreciation, opera, and poetry.

Some time I hope to visit Europe, and this has allowed me time to read and learn more about its countries as well as attempt to learn one of its native languages—German, which I might say is not such an easy task. Knitting has also been one of my ventures in learning. Since I have never knitted anything in my life, I am very proud to say that Mrs. Winfield, our occupational therapist, thinks I am progressing very nicely. I am really looking forward to being able to try knitting a sweater. These are the things that have occupied most of my time, but there have also been moments not filled with things to do. During this time some of my most valuable learning occurs—learning of myself.

How revealing it is to think and discover that life really is what one makes it. Everything is here, we have only to open our eyes and see. If I had not known how to read—this is a time to learn. If I had not an education or a high school diploma—this is a time to acquire it. If I did not know all I should of good health, and this, as well, in the light of caring for and rearing children—this is a time to learn. No matter where the gaps are in one's daily living, learning is so many times the answer. But learning takes time and guidance, and this is sometimes not avail-

able in our busy, everyday life. Here, in the hospital, lie many opportunities. Is it not true that opportunity presents itself in the strangest and most unexpected guises?

I should like to leave one last thought, which is actually a much used motto seen in another light and directed to everyone who believes in the richness of health and happiness—Slow Down and Live!

—Hilltop News

YOUR NEIGHBOR

A Chinese proverb says, "A near neighbor is more important than a remote relative."

Here at the hospital all the other patients around you are your neighbors. Sometimes you tend to forget this and treat your fellow patients like anything but a neighbor.

When a person moves to a new house he usually tries to meet his neighbors and become friends with them. In most cases he tries to get along with them so as to make his own life more pleasant. Few of us like to live near some one if we have bad feelings toward each other.

Why should this be any different here in the hospital. Life can be much more pleasant here if you get along with your neighbor.

But this compatibility is not a one-sided affair. You must do your part to bring it about. This is done by developing habits of consideration, unselfishness and cheerfulness. After you have developed these habits you will be amazed how those around you suddenly become easier to get along with.

—The Link

If you have built castles in the air, your work need not be lost; that is where they should be. Now put the foundations under them.

—Henry David Thoreau

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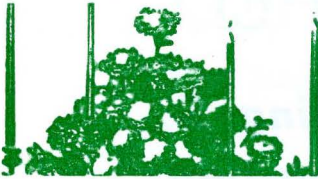
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