NOVA SCOTIA SANATORIUM
VOL. 48 JUNE, 1967 NO. 6

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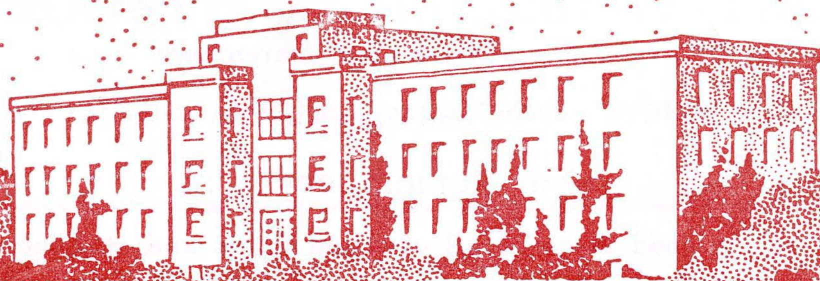

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Student Chaplain .... *Lic. Gerald Fisher*
Lay Visitor .... *Mrs. Alice Porter*
Christian Reformed—Minister .... *Rev. J. G. Groen*
Pentecostal—Minister .... *Rev. Glen Kauffeldt*
Roman Catholic—Parish Priest ... *Rev. John F. DeLouchry*
Asst. Roman Catholic Priest ... *Rev. Gerald E. Saulnier*
Salvation Army .... *Capt. H. L. Kennedy*
United Church—Minister .... *Rev. K. G. Sullivan*
Sanatorium Chaplain .... *Rev. J. D. MacLeod*

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

HEALTH RAYS

A MAGAZINE OF HEALTH AND GOOD CHEER

Authorized as Second Class Mail, Post Office Department, Ottawa

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Vol. 48 JUNE, 1967 No. 6

Recommendations On The Use Of BCG Vaccination In The United States

The U.S. Public Health Service asked a group of public health and tuberculosis specialists some months ago to review the need for BCG in this country and to make recommendations to the Public Health Service for its use. The consensus of the group, composed of experts from this country and Europe, was that there is even less need for BCG in the United States today than there was in the past. The recommendations were approved by the U.S. Surgeon General and published on October 15.

The American Thoracic Society's executive committee, meeting in New York on November 6, also approved the PHS recommendations on BCG vaccination. The statement given below therefore represents the current position of both the ATS and the PHS on the role of the vaccine in the tuberculosis control program of this country.

Tuberculosis has been and still is the costliest of the communicable diseases in the United States—both in terms of human lives and dollars. It has always been the desire of public health workers in this country to use all the necessary tools to control this disease. Therefore, in 1946 when European countries were adopting mass BCG vaccination as an element of their tuberculosis control programs, the Public Health service first convened an advisory group to consider the use of BCG in this country. That group recommended against its use since its effectiveness had not been determined. Instead of mass usage, large-scale controlled trials were urged. Subsequent advisory committees have recommended that BCG vaccination be limited to special groups, but emphasized in 1957: "The Committee expressed the opinion that vaccination may lead to a false sense of security which could result in failure to observe precautions that otherwise would be taken," and in 1962: "The Committee wishes to emphasize that BCG vaccination should not be considered a substitute for other control measures, but should be an addition to these, used in special situations." To-day, in 1966, this panel recommends an even more limited use of BCG vaccination in the United States.

Vast changes have been seen in tuberculosis control in the past 20 years. In 1946 specific chemotherapy had only recently been discovered and was still in limited use; today excellent drugs are available which can not only reverse the course of the disease, but will also rapidly eliminate infectiousness. Then, too, in 1946 rates of new infections were thought to be high and most of the disease seen then was thought by many to follow recent infection. Today in this country, accumulated data show that infection rates are very low, and it is recognized that 75-80 per cent of new cases of tuberculosis comes from the reservoir of persons infected in the more distant past. Today it is possible and practicable to prevent many of these infected persons from developing disease — namely, with chemoprophylaxis. Finally, and most important, today the resources to combat tuberculosis in the United States are vastly increased and should remain at a high level for the next several years if the 1963 recommendations of the Surgeon General's Task Force are followed.

The panel has reviewed epidemiologic information relating to the status of tuberculosis in this country and is thoroughly familiar with the results of field trials of BCG not only in the United States, but also in Great Britain and other countries. The panel is fully cognizant of the past positions of the Public Health Service as well as the current views in other countries and of the World Health Organization. It is important to recognize that the present epidemiologic situation in the United States is much more favorable than that in developing countries. It is also much more favorable than the situa-

tion that existed in many developed countries at the end of World War II when BCG vaccination was widely adopted.

BCG vaccine has been demonstrated to have some effectiveness, particularly where rates of new infection are high. Its impact as a public health measure does, however, diminish progressively as the opportunity to become infected continues to decrease. Because of the favorable epidemiologic, medical, and socioeconomic conditions prevailing in the United States, and in light of the changes described above, the following recommendations are made for the use of BCG in this country today. The panel recognizes that for regions with different conditions, the recommendations concerning the use of BCG might be quite different.

Recommended usage

For the individual. Since modern methods for detection, isolation, treatment, and chemoprophylaxis, when adequately applied, are highly successful in controlling tuberculosis, BCG should be reserved for situations in which these methods cannot be applied. BCG should be used for the uninfected individual or small groups of uninfected individuals living in unavoidable contact with one or more uncontrolled infectious persons who cannot or will not obtain or accept supervised treatment.

For groups. Based on available data, there is no epidemiologic indication for the use of BCG on a group or community basis in the United States. In particular, BCG is not recommended for medical and paramedical personnel and students, or for employees and inmates of penal and mental institutions, because the knowledge of tuberculin conversion, if it occurs, is essential so that chemoprophylaxis may be instituted and the infectious source identified and treated. Moreover, adequate tuberculosis control programs can be developed in such groups with reasonable assurance of cooperation.

A so-called "micro-epidemic" of infection is another situation in which BCG is not recommended. Today, with low rates of transmission and expanded tuberculin testing, such outbreaks will be more easily recognized than in the past. Their management requires the prompt identification and removal of the source of infection and the identification and treatment of the tuberculin converters.

The recommendations of this panel limiting the use of BCG should not be construed to mean that tuberculosis is no longer a problem. On the contrary, vigorous efforts must be sustained to capitalize on the gains of the past. In addition to the current programs of tuberculosis control, an expanded study of the level of infection as measured by standardized tuberculin testing, is needed. As the risk of new infections continues to diminish, the need for surveillance will increase to assure that deviations from the norm can be rapidly detected and corrective action instituted.

If, in spite of the above recommendations, an individual health official in the United States believes that the local situation calls for further use of BCG, he should first assure himself that the situation is, in fact, precarious. He should have epidemiologic information on the transmission rate as measured by conversions obtained in repeated tuberculin testing of representative samples of the population; he should identify as precisely as possible the persons who might benefit from BCG vaccination; and he should re-examine his resources to determine if there are not better ways to meet the problem. Under no circumstance should BCG vaccination be an alternative for an adequate tuberculosis control program, nor should other measures be relaxed when BCG is used.

The health official should be aware that the use of BCG does not absolve him or his health jurisdiction from attempting adequate supervision of individuals with tuberculous infection or disease. In addition, he should recognize that use of BCG will complicate future tuberculosis control programs by adding to the population a group of reactors who cannot be distinguished from those naturally infected.

As the 1957 Report on BCG stated:

"The procedure (BCG vaccination) makes it impossible to use the tuberculin test

(1) as evidence of recent infection in the individual;

(2) as an index of infection in population groups;

(3) for the location of sources of contagion;

(4) as a preliminary screening device prior to chest roentgenographic examination in the diagnosis of tuberculosis;

(5) for differential diagnosis in diseases with some similarity to tuberculosis."

Since there will be some continued indication for the use of BCG, according to the recommendations of the panel, the Public Health Service should continue to assure that a safe and potent vaccine is licensed for use in the United States.

—Contact,
Springfield, Illinois.

Steve: There is no wishbone in that chicken I had today."

Pat: "He was a very happy and contented chicken and had nothing to wish for."

Extracts from "The Study and Use of BCG in Canada"

Armand Frappier, M.D., and Marcel Cantin, M.D.

The Program in the Province of Quebec

Up to 1949, most BCG vaccinations in Quebec were performed in the great Montreal and Quebec City centres, and were limited to newborns and contact individuals.

Since 1949, BCG vaccination having been integrated into the official public programs, both provincial and municipal, it has been systematically applied throughout the Province by public health medical officers and nurses with the help of mobile vaccination teams.

The program consists of vaccinating:

1. Children and adults who are more exposed to contamination (tuberculous families, sanatoria and hospital employees, medical students, student nurses);
2. Newborns during the first month following birth.
3. All children, adolescents and young adults found negative to tuberculin tests or to the BCG test.

Influence of BCG Program on Tuberculosis

In the evaluation of the results of this program of vaccination one must bear in mind that we have, since the beginning, sought to protect the young population. Consequently, the complete and full influence of our program on late tuberculous disease will reveal itself only when the present cohorts, comprising about two million BCG vaccinated children and adolescents, reach the age at which tuberculosis attacks the greatest number of victims. At that time we expect to see, in Quebec, a much more accentuated fall in the incidence of tuberculosis among formerly vaccinated individuals than among the non-vaccinated and it should be still more obviously reflected in the specific mortality and morbidity rates than now.

Future of BCG Vaccination in Canada

The proportion of the population that is tuberculin-positive is falling where BCG vaccination is practised only in a very limited way, whereas it is increasing considerably where vaccination is being practised on a larger scale. Thus, in Quebec, where a program of systematic vaccination is in force, the proportion of positive population, estimated from Cuti-BCG testing (at the minimum equivalent of about 10 T.U.), was not less than 57% in 1963 for the 10-14 age group and not less than 80% for the 15-20 age group. In Ontario, where BCG is but little used, on the basis of reacations to 5 T.C. the proportions for the same age groups are respectively of 2.6% and 4.8%.

Epidemics of tuberculosis are not a rare occurrence in Canada. Davies has reported about a score of them in this country since 1960. In 1962, the number of new active cases totalled 3,845, of which 248, or 6.3% were due to epidemics. In most of the cases, onset occurred between infancy and age 20, in 41.9% between infancy and nine years. Moore has published a detailed account of a severe epidemic of tuberculosis among Eskimos.

Lossing and Davies have emphasized the value of antituberculosis vaccination for the prevention of such epidemics. We had recommended that, in a country such as ours, every person should be vaccinated with BCG at least once during his life at some suitable moment and within a systematic and integrated public health program, permitting this individual to be periodically checked as to the persistency of allergy, before he becomes a young adult.

In the provinces with a high tuberculous morbidity, where the average rate of positive reactions to 10 T.U. among unvaccinated school children is relatively high, we insist on the necessity of early vaccination, at birth if possible, and vaccination and revaccination, if necessary, on starting and on leaving school (without, of course, omitting persons with known or suspicious contacts: travellers, members of the armed forces, and hospital personnel).

In provinces where tuberculosis is less prevalent, vaccination during or immediately before adolescence and a control with revaccination, if necessary, on leaving elementary schools would prevent the occurrence of epidemics which may become more frequent. Epidemiological studies will indicate the optimal age for each region.

Public health authorities in Canada seem to be taking an increasing interest in BCG vaccination as a means of more rapidly achieving eradication of tuberculosis and of warding off the danger that might threaten a population which no longer possesses any specific immunity. Local transmission conditions are becoming increasingly insidious and uncontrollable from the very rarity of the infection. For these reasons, and others also, we feel that the future of BCG in Canada and in North America, as a whole, is promising.

—Medical Services Journal of Canada
November 1966

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.

This issue of the Cracker Barrel is being written at the Annual Meeting of the Canadian Tuberculosis Association in Quebec City. Other persons from the Sanatorium who are here are Mrs. Boyle, Senior Instructor in charge of our Nursing Education Department, Doctor Quinlan, Doctor Laretei, and Doctor Rostocka. Although the meeting does not start officially until today, Monday, already much work has been done by committees. The Council has approved, in principle, a draft of a new Canadian Manual on Classification and Reporting of Tuberculosis. Some simplification of our reporting procedures to the Dominion Bureau of Statistics has been authorized. Further research has been stimulated into the question of diseases caused by certain germs which resemble the tubercle bacilli but are different, and steps have been taken to hasten establishment of a National Reference Laboratory in Ottawa to assist the provincial authorities with some of their laboratory problems in regard to chest diseases resembling tuberculosis. If the rest of the meeting is as productive as the day before the meeting it should be one of our best. Later during the sessions, Dr. Quinlan will be presenting to the Canadian Thoracic Society a paper on an unusual condition encountered at the Sanatorium during chest surgery, and I shall report Dr. Holden's findings in the form of a paper on the "Adverse Effect on Tuberculosis of Cortico-steroid Drugs."

* * * * * *

It is too bad that everything in medicine is not cut and dried or black and white and that we cannot always say "this is absolutely right" and "this is absolutely wrong". One of these "grey areas" involves our use of BCG vaccine. It is about 80 per cent effective in preventing the onset of tuberculosis under certain circumstances: if a person's tuberculin test is negative, if the vaccine is well administered, if the vaccinated person is almost sure to be exposed to moderate doses of the germs which cause tuberculosis, if he will be revaccinated after a few years if his tuberculin test again becomes negative and if he will have annual chest x-ray examinations to make sure that he does not belong to the 15 to 20 per cent of persons who have not been protected.

After successful BCG vaccination, the vaccinated person's tuberculin test changes from negative to positive and so this test can no longer be used to detect early infection by the germs of tuberculosis.

The Editor of Health Rays has done all of us a good service by presenting to us in this issue a number of authortative reports on BCG. I am sure that most of our readers will be interested in these reports, but, understandably, will also be somewhat confused. The answer to the question of whether or not to vaccinate is "Sometimes, yes; sometimes, no; sometimes, maybe; depending upon the circumstances".

* * * * * *

The Building Committee is working hard on the preliminary plans for our new building at the Sanatorium. We would like to think that our plans will be completed by the Spring of 1968. At least, this is our target. Have any of our readers good suggestions for us? If so, write a note to me or to the Editor of Health Rays. We shall welcome your suggestions.

FOR FATHER'S DAY
June 18

When a man achieves a fair measure of harmony within himself and his family circle, he achieves peace; and a nation made up of such individuals and groups is a happy nation. As the harmony of a star in its course is expressed by rhythm and grace, so the harmony of a man's life-course is expressed by happiness. . . .

At the end only two things really matter to a man, regardless of who he is; and they are the affection and understanding of his family. Anything and everything else he creates is insubstantial; they are ships given over to the mercy of the winds and tides of prejudice. But the family is an everlasting anchorage, a quiet harbor where a man's ships can be left to swing in the moorings of pride and loyalty.

—Richard E. Byrd

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It's a good thing to be contented with what we have—but should never be contented with what we are.

EXTRACTS from "TUBERCULOSIS CONTROL SERVICES NOVA SCOTIA POLICY REGARDING BCG VACCINATION"

J. E. HILTZ, M.D., D.P.H.
Administrator, Tuberculosis Control Services

A. **Groups Covered:**

The Department of Public Health favours B.C.G. vaccination of the following tuberculin-negative individuals:

a. Student Nurses, when they first enter training before undertaking duties on hospital wards.
b. Medical Students.
c. Persons, especially children, who are close contacts of known cases of unstable tuberculosis.
d. Laboratory technicans working in Medical Laboratories.
3. All hospital personnel having any direct contact with patients.

B. **Eligibility:**

Those of the above groups eligible for vaccination are persons who have a negative reaction to the intermediate strength P.P.D.

D. **Supervision and Selection:**

1. The choice of cases to be vaccinated will be at the discretion of the Health Unit Director concerned within the groups indicated in A.
2. It is hoped that each Health Unit Director will carry out or supervise each vaccination personally or that he will deputize one person only to do so in each area. Physicians carrying out infrequent vaccinations have been shown to obtain a very low rate of tuberculin conversions from negative to positive among those vaccinated. This represents a waste of time, effort, and money and also discredits the procedure in an unwarranted fashion.

G. **Special Notes:**

1. B.C.G. vaccination gives good but only partial protection against the development of tuberculosis. It is about 85% effective.
2. The vaccine must be used fresh, within a few days of manufacture, or the freeze dried variety.

Nursing News

Several members of the nursing staff attended the Court of Citizenship held in Kentville recently and welcomed new Canadians. Those attending included Mrs. Gladys McKean, R.N., Miss Mary Livingstone, Mrs. Edna Doucette, Mrs. Alice Levesque.

Miss V. Skerry, R.N., and Miss Gayle Wilson, R.N., were on course in Halifax for a week to complete the course on Hospital Unit Administration.

Mrs. Catherine Boyle, R.N., attended a one day session on Emergency Measures in Halifax, conducted by Emergency Health Services.

All of the class of '67B were successful in their Certified Nursing Assistants examinations. Congratulations to all!

The Certified Nursing Assistants Association, Valley Branch, will hold their monthly meeting in Miller Hall. Their Centennial Project is furnishing a room at the Kings County Hospital at Waterville.

Mrs. Hope M. Mack, R.N., Past President of the Registered Nurses Association of Nova Scotia, and Miss Jean Dobson, R.N., President of the Valley Branch R.N.A.N.S., are attending the annual meeting in Sydney.

Mrs. Catherine Boyle, R.N., is attending the Nurses Section of the Canadian Tuberculosis Association in Quebec.

A pre nuptial shower attended by staff and friends, was held at the home of Mrs. Janice Sullivan for Miss Heather MacLeod, R.N., who in the near future will become Mrs. Norman Johnston. Our sincere congratulation and best wishes go to them both. We are sorry to lose Miss MacLeod from Medical Section.

Congratulations are also in order for Miss Beverly Weeks whose marriage to Mr. Robert Gee takes place in the near future, and for Miss Joanne Marchant who is soon to become the bride of Mr. Kenneth Sweet.

Miss Floris Smith, R.N., is still on sick leave due to a recent fracture of her wrist.

Mrs. Gladys McKean, R.N., who has for sometime been on night duty on Fl. III East, is replacing Miss Heather MacLeod in the Medical Section.

Mrs. Alice Hines, R.N., has resigned. We hope she will return at a future date.

* * * * * *

Harold: "Here's one man on the committee that I never heard of."
George: "Oh, that's probably the person who actually does all the work."

Board Extends BCG Vaccination Program

BCG—the only effective vaccine against tuberculosis—was administered to 287 children and teenagers last month in the Duck Lake-Camperville area. The project, carried out by Dr. D. L. Scott and Miss Rikka Guttormson of the Central Tuberculosis Clinic, represents an extension of the Sanatorium Board's program to give extra protection to young people in certain areas of the province where infection rates are higher than average.

Duck Bay and Camperville, located on the west shore of Lake Winnipegosis, are predominantly Metis communities, which over the years, have acquired a somewhat notorious record for tuberculosis. In recent times, however, the situation has improved, due primarily to yearly surveillance of the inhabitants, speedy isolation of new active cases and close follow-up of contacts and ex-patients.

An indication of this improvement is seen in the results of the tuberculin testing which had to be carried out prior to the administration of the vaccine. The tuberculin results among the children six to nine years of age, for example, showed that only 1.3 percent reacted positively to the test—that is, were infected with tuberculosis. The percentage for this age group in the whole province, according to our 1965 surveys, was 1.2 percent.

The reaction rates for the other age groups have improved since the last BCG program was carried out at Duck Bay and Camperville in 1957, at which time the average positive rate for a comparable age group of children was 42.8 percent. This last project showed that the average rate was down to 12 percent.

Nevertheless, the following table shows that the reaction rate among the older children in the area is still considerably higher than that for the whole province:

Rate of Positive Reactions

Age Group	Duck Bay Camperville	Whole Province
6- 9 yrs.	1.3%	1. 2%
10-13 yrs.	19.2%	4.18%
14 yrs.	24.1%	7.56%
15-16 yrs.	28.0%	12. 1%

These figures show that it is only within the last 10 years that tuberculosis infections seems to have become more effectively controlled, as witness the big difference in the infection rates after the age of 10. These older children were exposed to more infection as infants.

The World Health Organization has stated that a country can consider that it has tuberculosis under control when one percent or less of the children at age 14 are positive reactors to the tuberculin test. At Duck Bay and Camperville, we note, 24.1 percent of the 14-year-olds are positive reactors.

Administration of BCG

The children who reacted negatively to the tuberculin test were given BCG vaccine. Those who were positive have already been infected and therefore have as much protection against tuberculosis as the vaccine would give.

BCG stimulates the manufacture of antibodies against tuberculosis. It does not give total protection nor is it a life guarantee. It gives about 80 percent protection for five to ten years, and it has been found to be particularly effective against the development of primary tuberculosis, miliary tuberculosis and tuberculous meningitis.

In high incidence areas such as Duck Bay and Camperville, the vaccine is given to the young people because it has been found that in individuals between the ages of 13 and 30 there is a sharp increase in the risk of infection and of breaking down with the disease.

In 1965 a total of 8,397 persons in Manitoba received BCG vaccinations. The largest and most important group are the Indians, and last year close to 6,000 were vaccinated by the Medical Services branch of the Department of National Health and Welfare.

Others who received the vaccine were tuberculosis contacts, hospital personnel and nursing students as well as 1,414 high school students in the Dauphin Health Unit area who, like the young people at Duck Bay and Camperville, are being given this extra protection.

—Sanatorium Board of Manitoba News Bulletin

Where, then, can we use BCG? We can use it on uninfected people in unavoidable contact with uncontrolled infectious persons not under supervised treatment. It is no longer recommended for doctors, nurses, medical students, hospital employees, and members of penal and mental institutions because knowledge of tuberculin conversion is essential in identifying the source of the infection and for institution of chemoprophylaxis.

—Sanatorium Outlook

What About BCG Vaccination?

When you leave the hospital you'll find that a great many people expect you to know a lot about tuberculosis. If what your friends ask you concerns diagnosis, just tell them to get to the the doctor and no fooling. However, chances are that from time to time the question will be promoted by something they read in the paper and they will ask you if you know anything about it. If you don't, just say so. However, there's no time like the present for you to learn the facts about tuberculosis, which everyone should know, but a great many people don't.

A topic which is going to come up for a good bit of discussion in the next few years is the use of BCG, the vaccine which gives a considerable measure of protection against tuberculosis.

The vaccine has been given to some 200 million persons around the world—mostly to children in countries where tuberculosis is either the first or second cause of death. In these countries vaccination teams give BCG to all the children of the community **who are negative to the tuberculin test.** Note that it is the negatives. Once infection has taken place what resistance to the germ the body can muster has been stimulated. Vaccination will not add to it.

For at least the last 20 years it has been pretty generally accepted that negatives exposed to exceptional risk should have the benefit of BCG vaccination. Groups considered to be at greater-than-usual risk include nurses in training, medical students, and people who are household contacts of known cases.

It's quite natural that people should say, "But why not give it to everyone? Why not give it to all infants or pre-school children? Why not protect them against tuberculosis the way we do against diphtheria or tetanus?

There is a reason why, in an area where the risk is very low, doctors hesitate to use BCG on all children.

It is this: If a baby is infected with TB germs and the doctor finds this out by giving a tuberculin test he does not wait until there is X-ray evidence of disease. He starts drugs right away because, once infected, infants are in far greater danger than other age groups.

Where all babies are vaccinated this danger signal is lost. What health authorities have to decide in each community is which gives more advantage in fighting tuberculosis, giving BCG or being able to know when someone is spreading TB germs.

It is a decision which is not made by a health department without a good bit of sober thought.

One other thing should be mentioned about BCG. It does not give the absolute protection that some other vaccinations do—notably vaccination against smallpox. Vaccination against smallpox is apparently hard and fast for at least three years and, in most cases, lasts much longer. BCG vaccine gives a 60%-80% protection, which lasts for five years and, in some cases, as long as ten years.

A great many controlled studies of BCG have been done. A controlled study is one where half of a large number of persons negative to the tuberculin tests, and considered to be at equal risk, are vaccinated. Then records are kept to see how many in each group break down with tuberculosis.

Some of the first studies were done among nurses in training. Others were done among Indian babies. Later, some of the cities in the United Kingdom conducted studies on thousands of children of school-leaving age.

In the great majority of these cases the result was that about 80 per cent less tuberculosis developed among the vaccinated than among the teenagers who were controls. In addition, no cases of tuberculous meningitis developed among the vaccinated while some did develop among the other teenagers.

As a result of these trials quite a few people working in tuberculosis control are advocating that tuberculin negative school leavers be vaccinated. This would give a measure of protection at an age when there seems to be less than average resistance to TB. Postponing vaccination until the teens are reached has the added value of permitting the authorities to know, by tuberculin testing, whether TB infection rates are going up or down. This is very useful information.

What it boils down to is that the decision to use BCG depends on a number of things which may not be plain to the average person—such considerations as the tuberculosis death and sickness rates and the age of the group involved.

If all this sounds fairly complicated, it is only because it is not a very simple business.

—Tb and Not Tb.

EXTRACTED FROM "DRUGS DOWN THE DRAIN"

In Ceylon . . . there are 80,000 estimated cases of tuberculosis. But only less than half of this number has been discovered. The main source of danger to the health of the community is not through the known cases of TB but through the undiscovered and undetected cases.

Introduce BCG Vaccination

How can you deal with a problem of this magnitude?

We need an intensive BCG campaign to protect our children from TB. They should be given a BCG vaccination shortly after birth and a second BCG vaccination when they attain the age of 10 to 12 years.

In Ceylon the ordinary smallpox vaccination is compulsory for all children. But the outbreak of smallpox is so uncommon it may be due to the precaution we take.

Why then should not the Government introduce compulsory BCG vaccination for all children on admission to school?

The World Health Organization had recently pointed out that the BCG vaccination and the smallpox vaccination can be given simultaneously. It has been proved to be very effective. Why not introduce this in Ceylon?

My experience has shown that there are a large number of medical men in Ceylon who do not seem to be able to comprehend the importance of BCG for their own children.

The present procedure of administering drugs to TB patients has proved to be a complete failure.

What then is the answer to the ills of this country? We in Ceylon need education, conviction, and organization.

We have to educate our people and make them understand the importance of the wonder drugs now in existence.

To make our efforts more successful we should introduce the system of bi-weekly treatment for all TB patients.

It has already shown excellent results. It can be effectively and successfully carried out under supervision.

The success of the fight against TB in Ceylon depends more than anything else on organizational methods. It is the only single factor which can combat the disease in Ceylon.

—Tuberculosis Quarterly Review
July 1966

* * * * * *

Laugh and the world laughs with you—weep and you ruin your make-up.

Nurses Meet At Sanatorium

Representatives of Schools of Nursing and the Registered Nurses Association met at Miller Hall, Nova Scotia Sanatorium, on Friday, April 28th, for a Conference on the Affiliation in Tuberculosis Nursing. Mrs. Hope M. Mack, R.N., Director of Nursing, Nova Scotia Sanatorium, chaired the meeting. Dr. J. E. Hiltz, Medical Superintendent, discussed "Tuberculosis Today". Mrs. Catherine Boyle, R. N., Nursing Instructor, presented the program followed in the affiliation.

Those attending included: Miss M. A. Beswetherick, Nursing Adviser, R.N.A.N. S., Miss J. Ueilsen and Miss K. Mann, Dalhousie University; Miss L. Grady and Miss D. McKeown, Halifax Infirmary; Mrs. M. Ross and Miss Barbara Scott, Children's Hospital; Mrs. K. MacSephney and Miss M. Linkert, Nova Scotia Hospital; Miss F. Gass and Miss J. MacLean, Victoria General Hospital, Halifax; Miss Marilyn Riley and Miss Vivian Riley, Payzant Memorial Hospital, Windsor; Mrs. D. Allan and Miss A. Munro, Yarmouth Regional Hospital; Miss E. MacPhail, Dr. Helen Holden and Dr. Maria Rostocka, Nova Scotia Sanatorium.

—Mrs. Hope M. Mack, R.N.
Director of Nursing,
Nova Scotia Sanatorium.

SQUARE DANCE PARTY

On Tuesday evening, May 23, the Haley Dancers of Kentville visited the Sanatorium to entertain the patients.

One of the group was Alta Covert of the Rehabilitation Department, and she introduced the dancers.

Following this, the gaily costumed group swung into action to the lively music and excellent calling of leader Don Haley. The dancing continued until 9:00 p.m. and was very much enjoyed by all present. Don and Louise Haley entertained between the sets with an exhibition of round dancing.

The square dancers who took part were: Bev and Jackie Russell, Clayton and Violet Greene, Bob and Audrey Newbery, Sheldon and Lois Melvin, Eric and Mildred Rand, John and Pat Newcombe, Harold and June Brewster, Ken and Dot Carter, Paul and Sylvia Rogers, Reg and Ellen Saunders, Murray and Alta Covert, Earle Griffin and Cheryl Scott, Don and Louise Haley.

Mary MacKinnon, representing the Rehab. Department, welcomed and thanked the visitors. Delicious refreshments were then served by the Dietary Department.

Question Box

Dr. J. J. Quinlan

Q. Would you expect a person who had a tuberculous hip as a child twenty years ago to show a positive reaction to the tuberculin test?

A. Tuberculin sensitivity which is evidenced by the positive tuberculin test usually persists for many years after the tuberculous disease in the body becomes inactive. Therefore, it would be reasonable to expect that the individual referred to above would continue to have a positive reaction to tuberculin.

Q. Is the Heaf test, as commonly used, only specific for the human type of tuberculosis?

A. The tuberculin used in the Heaf test is derived from the human type of tubercle bacillus but it is not specific for the human type of tuberculosis: for example, a person successfully vaccinated with BCG which is made from the bovine bacillus will exhibit a positive reaction to the Heaf test.

Q. Will diabetes in a tuberculosis person slow up the arrest of the tuberculosis?

A. If the diabetes is kept well controlled by diet and, when necessary, insulin or the oral drugs, the associated tuberculous lesion will usually undergo healing which is as satisfactory as if diabetes were not present. However, if the diabetes becomes uncontrolled improvement in the tuberculous disease is less likely to occur. It should also be pointed out that uncontrolled tuberculosis will have an adverse effect on the diabetes.

Q. Is it true that tuberculosis is most often found in the upper portion of the lung, and if so, is there any special reason for it starting there?

A. The primary infection type of tuberculosis usually occurs in the lower lobe, more commonly on the right side. The so-called reinfection tuberculous lesion is most often found in one or more of three segments: the apical segment of the lobe, the posterior segment of the upper lobe, or the superior segment of the lower lobe. All of these are in the upper part of the lung. We may safely say that we know the prediliction of the reinfection lesion for the upper half of the lung but we do not know why.

Q. Exactly how dangerous are chest colds of moderate severity to someone who has had tuberculosis?

A. Acute bronchitis or "chest cold" is a very common condition. Usually the disease itself is self limited, clears up in a matter of days, and has little effect on a healed tuberculous lesion.

MOVIE

A film, "Fast Way Nowhere," sponsored by the Pentecostal Church of Kentville, was shown in the Recreation Hall on April 24th. There was a very good turnout of patients, and all who attended enjoyed the film. Present for the showing were the following members of the Pentecostal Church: Rev. E. G. and Mrs. Kauffeldt, Kentville; Rev. Don and Mrs. Raymer, Tiddville; Mrs. Charles Brown, Centreville; Mrs. Laurie Steele, Canning; Debby Dooks, Kentville; Dianne Bennett, Pereau.

Refreshments, provided by the sponsors, were served to the patients by the Dietary Department.

* * * * * *

Don't expect your ship to come in if you've sent none to sea.

MY DAD

If I could express in writing
This precious dad of mine,
I'd write a book on patience
With love between each line.

If I could tell more plainly
In singing line by line,
I'd sing from dawn 'til dawn
Of a dad both good and kind.

For dads like mine are jewels,
So write and sing, I must,
That I may show each one I know
A dad so true, so just.

—Cleo Thackeray Massalon

* * * * * *

Your failures won't harm you until you start blaming them on the other guy.

30 Years Ago

Eileen Hiltz

The lead article in Health Rays, June 1937, is entitled: "An Adventure in Going Home", and the writer begins it thus: "The doctor had just given me my final examination and told me what I must do and must not do to avoid a second breakdown. I walked out of his office a free man again, no longer a patient but a citizen of the state about to return to what I hoped would be a useful place in the big world outside." He goes on to recount the many fears and doubts which assailed him—with no doctors and nurses to watch over him, would he be able to take as good care of himself: Would his friends realize that even though he looked in the pink of condition he was not really well yet? And, one of his greatest fears, would the people in his home town be afraid of him? Happily his fears were groundless, and all turned out well. He was able to conclude his story with this bit of philosophy: "My experience both at the sanatorium and since leaving has been that a person can take the cure if he will. It requires will-power, but so does anything else worth while. The person who has once lost his health and has been fighting to get it back ought to know, if anybody does, that health is one of the most worth-while things in life".

The San Personality sketch this month is of Hughie Veniotte, and surely that name will conjure up memories for many an Old Timer. Take comments such as these: "His most heard of asset is a Studebaker, which, on certain occasions. is half a mile long", and: "He boasts of having attended two San. picnics at Delhaven Beach without seeing the water". An undoubted San. personality was Hughie!

Did you know that Branch Rickey, "baseball's outstanding executive", is among the Famous Tb-ers? We learned it from a brief biographical sketch in the June 1937 issue, which tells how he suffered a breakdown while studying law. He entered the sanatorium at Saranac Lake, and "turned to the manufacture of picture frames as a means of smoothing the financial difficulties encountered in the sanatorium". Branch Rickey recovered his health, secured his law degree and passing his bar examinations, began to practice his profession at Boise, Idaho. But after a short time he was induced to return to baseball, and the rest is history.

The Editorial Comment quotes from Dr. Miller's letter to the Minister of Public Health which appeared in the Annual Report for the year ending November 30, 1936. Of special interest in light of today's program is the paragraph dealing with the surgical procedures: "During the past year 180 patients have had artificial pneumothorax, 21 intrapleural pneumolysis, 60 phrenicotomy, 21 thoracoplasity. It is worthy of note that among patients who have been given pneumothorax treatment, i.e., compression of the diseased lung by the introduction of air into the pleural space, 73 percent have been rendered free from tubercle bacilli and sputum, and are now able to return to their homes without fear of infecting others in the household. From a public health standpoint this is of great importance. Of the 21 patients, all open cases of tuberculosis with tubercle bacilli in their sputum, who consented to try a thoracoplasty operation, i.e., removal of sections of ribs so as to place the diseased lung at rest, 66.6 per cent have had their sputum rendered negative to tubercle bacilli and are now well on the way to recovery" Drugs, of course, are not mentioned; in these "good old days" there were no drugs for the treatment of tuberculosis.

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HEALTH RAYS

Vol. 48 JUNE, 1967 No. 6

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Published monthly by the Nova Scotia Sanatorium, Kentville, N. S., in the interests of better health, and as a contribution to the anti-tuberculosis campaign.
Subscription rates............15 cents per copy..............$1.00 per year

EDITORIAL COMMENT

Bacillus-Calmette Guerin

This will be our twenty-first year of association with the fight against tuberculosis; during this time we have had the opportunity of attending many conferences, hearing many lectures, and reading many articles. In all this time we have heard no subject so widely discussed as "The Proper Use of B.C.G." We have found the diversity of opinions very confusing: Equally well qualified authorities propose its wider use and the restriction of its use. In this issue of **Health Rays** we attempt to bring you both sides of the question. If you will read, and come to some conclusion, we are sure you will find some eminent person who promotes the same view.

Although medicine is based on a great mass of detailed scientific knowledge intelligent people must always be willing to examine the conclusions of leaders in this and other fields and accept the responsibility for any situation which results from following their lead. It was Louis Pasteur who said, "In science, it is always a mistake not to doubt when facts do not compel you to affirm".

Someone sometime has expressed the thought that it is regrettable that there is much in a great theory that may prevent thinking. We must not be over-awed by great theories or by the great men that propose and promote them. In a certain organization we had the valuable experience of sitting under an excellent chairman who, however, was so respected that all discussion ceased when he expressed his opinion. Who was it who said "All power corrupts and absolute power corrupts absolutely"?

Am I My Brother's Keeper?

"Monkeys are funny but nobody is funnier than people." Psychology might be said to be the study of behaviour, the reasons for behaviour: Whatever we call it, the study is extremely interesting. We think monkeys are funny; what do they think of us? A few years ago you would not have attended a meeting without hearing this story from some speaker: "A zoo keeper was attempting to make a monkey perform for the visitors; knowning that it would generally copy human behaviour he was gesticulating and grimacing but the monkey paid no heed. The keeper kept up his attempts to make the animal perform, until finally, the monkey slowly turned his head and, looking straight at the keeper with a look of utter disgust, said in a clear voice, 'Am I my keeper's brother?' "

One of the most difficult questions facing those in authority in such institutions as this is that of how far to go in attempting to modify the behaviour of those who seem to have little or no respect for accepted social standards of behaviour. Where children are concerned, the Authorities stand in loco parentis and their duty is clear; they must demand the same behaviour as the parents at home would expect. But what of adults: Are those in charge of treatment also to be in charge of behaviour? If a mixed group of men and women were staying at a "posh" hotel, would there be any policemen to keep them on the straight and narrow?

At times we all wander. We have. Frequently we would have been very pleased if there had been a friend handy to lay a hand upon our shoulder and point out to us that we were behaving foolishly. Elsewhere we are carrying Burns' poem which contains the words, "O would that God the gifie give us to see ourselves as others see us." What do you think?

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Extract from "Tuberculosis Circles the World"

H. M. Ready, R.N.

The countries of the developed community of nations do not follow a uniform procedure regarding BCG vaccination. For instance, in the Scandinavian countries following the Second World War, when the tuberculosis situation was alarming in post-war Europe, a policy of mass BCG vaccination was carried out. This emphasis on BCG has since been continued and Sweden vaccinates all newborns; Denmark, all negative reacting children at age seven; and Norway, all negative reactors at age 14.

The results of this program are reflected in the TB death rate in these countries which are among the lowest in the world. Now with almost no TB morbidity in childhood, Sweden and Denmark are considering delaying the first BCG until age 14 to concentrate on prevention in adolescence and young adulthood.

Virtually all the developed countries advocate use of BCG for at least their high risk groups—that is, contacts of infectious cases, hospital workers and segments of the population in lower socioeconomic scale.

—The Valley Echo.

* * * * *

We tire of those pleasures we take but never of those we give.

—J. Petit-Senn

THE MONKEY'S VIEWPOINT

Three monkeys once sat in a coconut tree
Discussing things as they are said to be.
Said one to the others, "Now, listen you two:
There are certain rumors that can't be true;
That man descended from our pure race—
The very idea is a disgrace!
No monkey ever deserted his wife,
Starved her babies and ruined her life;
And you have never known a mother monk
To leave her babies with others to bunk,
Or pass them on from one to another
Till they scarcely know which is their mother.
And another thing—you will never see
Is a monkey build a fence 'round a coconut tree
And let all the coconuts there go to waste,
Forbidding all other monkeys to get a wee taste.
Why, if I put a fence around this coconut tree,
Starvation would force you to steal from me.
And here's another thing a monkey won't do:
Seek a bootlegger's shanty and get on a 'stew'—
Or use a gun or a club or a knife
To take some other monkey's life . . .
Yes—man descended—the ornery cuss!—
But BROTHER, he never descended from US!"

—Sanatorium Outlook.

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Gerald Fisher
Student Chaplain, Nova Scotia Sanatorium

In Psalm 50 the Psalmist tells us to "Offer unto God thanksgiving, and pay thy vows unto the Most High." This seems to be a sensible enough thing to do, yet, on a very practical level, it is a difficult thing to do. To give thanksgiving requires first that we be thankful, and many times we are more angry and fed up with life than we are thankful for it. At such times, offering thanksgiving to God can be more difficult than sensible.

However, even amidst difficulty, great souls such as Tennyson have come forth and said, "It is better to have loved and lost, Than never to have loved at all." Now, that might not make as much sense as what the Psalmist said, but it comes a bit closer to the problem of man, that more of his life is spent in anger and unhappiness over having lost than in joy and happiness over the privilege of having loved and been loved.

Perhaps a story which Doctor Roy C. Angell relates in his book **The Price Tags of Life** will illustrate what I am saying.

Dr. Angell says Dr. Howard Kelly, one of the great Christian physicians of Baltimore, related to him a most interesting illustration: "In my hospital I had a nurse in training who was a lovely young lady, beautiful of face, pure in heart. She was a happy Christian who adored the gospel of Christ. Every patient that came under her care loved her deeply. Not only the patients, but one of the finest young doctors who was interning fell deeply in love with her. They planned to be married when she finished her training. They say, 'Everybody loves a lover', and everybody loved these two and smiled when they saw them standing close together in the corridor, whispering to each other with the love light shining in their faces. They were married just after she was graduated.

"A little over a year they lived in complete contentment. Then one day they brought the young doctor into the hospital with an incurable disease. It broke the hearts of all of us. She nursed him lovingly until the Lord took him home. About a month later, she came back to work on our staff. I dodged her. They had been in my home to dinner, and I felt very close to them. I just didn't want to meet her. I knew that anything I tried to say to comfort her would do no good. I stayed away from her, but suffered with her.

"Of course, it was inevitable that I should come face to face with her. When I did, she slipped her arm through mine and said, 'You've been dodging me.' I said, 'Yes, I have. I didn't know what to say. I couldn't think of anything to say that would help heal your broken heart.' To my utter amazement, she just stood there smiling. Then she said, 'Dr. Kelly, I have no bitterness in my heart. I am very grateful to God. God gave me more than He gave any other woman. He gave me two years, two beautiful years—the one before we were married and the one after we were married. I had the love of the finest man that ever lived for two whole years, enough to last me a lifetime. Dr. Kelly, you are all wrong. You don't need to say a word. I say a prayer of thanksgiving every day'."

A prayer of thanksgiving. It takes a thankful person to pray a prayer of thanksgiving, but a thankful person is always a happy person. However, thankfulness does not come naturally. We have to work at it, but this work is worth it for the pay is much happiness. Your prayer, then, will be the prayer of the grateful heart, if you work at being thankful.

Lord, I pause to look back on the long way Thou hast brought me, on the long days in which I have been served, not according to my deserts, but according to my desires and Thy loving mercies. Let me meditate upon the dark nights through which I have come, the sinister things from which I have been delivered —and have a grateful heart. Let me meditate upon my sins forgiven, for my shame unpublished—and have a grateful heart.

I thank Thee, O Lord, that, in Thy mercy, so many things I feared never came to pass. Fill my heart with thankful praise. Help me to repay in service to others the debt of Thy unmerited benefits and mercies. May the memories of sorrows that disciplined my spirit keep me humble and make me grateful that my God is no celestial Santa Claus but a divine Saviour. In His Name I offer this sacrifice of praise. Amen.

—P. Marshall

* * * * * * *

HOPE

Hope, like a gleaming taper's light,
Adorns and cheers our way;
And still, as darker grows the night,
Emits a brighter ray.

—Oliver Goldsmith

Extract from "STANDARD TECHNIQUES and METHODS of TUBERCULIN TESTING and BCG VACCINATION APPLICABLE to PUBLIC HEALTH PROGRAMS"

G. J. Wherrett, M.D., M.R.C.P. (Lond.), F.R.C.P. (C)

The present policy of giving BCG with vigour to high-risk groups should not be curtailed in any way. This should apply to contacts, hospital workers of all categories, and high-incidence groups such as Metis, Indians and Eskimos. In addition, the public should be offered BCG. Specifically there should be a definite recommendation that BCG should be offered to "school-leavers". The dangers of local epidemics which are occurring should be explained to the public and the program of BCG offered as a protection.

—Medical Services Journal of Canada
November 1966

THE MAIL BOX

Dear Boys and Girls,
We hope that you will like the toys and books that we are sending you.

Our Centennial project was to earn enough money to buy these books and toys. We had a fudge sale to earn this money.

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POEM

O wad some power the giftie gie us
To see oursel's as ithers see us!
It wad frae monie a blunder free us,
And foolish notion;
What airs in dress an' gait wad lea'e us,
And ev'n devotion!

—Robert Burns

DAD

His name ain't on no tablets, in no park his statue stands. All his life he grubbed for wages — you can tell it by his hands. The things he'll leave behind him wouldn't load a sardine can, but I'd surely like to thank him for just bein' my old man.

—The Messenger
via The Link

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HAVE YOU GIVEN?

Old Timers

When this column appears in print, the annual Annapolis Valley Apple Blossom Festival will be over. Since these notes have to be written well in advance of publication, we hope that Mother Nature will soon shake off her cool indifference to tradition and enter into the spirit of things. An Apple Blossom Festival minus blossoms is rather pointless; so is an Old Timers' Column without news of old timers! So-o, let's see what Anne Marie has for us this time.

Mrs. Dora Murphy of Port Williams was in recently for her annual check-up, and at the same time renewed her subscription to **Health Rays.** Anne Marie has been "Yum-Yumming" ever since over those delicious home-made pickles, Dora! Mrs. Murphy cured here in 1955.

Also in for annual check-ups were Earl and Margaret Mullock of Pleasantville, Lunenburg County. This couple were San. patients in 1945.

Dannie Fong, just back from a trip to the Bahamas, dropped in for a visit one day recently. Formerly of Halifax, Dannie cured here in 1947, and after discharge, studied Engineering at the Nova Scotia Technical College. Even though his work now obliges him to travel the length and breath of the United States, Dannie still has a warm spot for the San. and while here, renewed his subscription to **Health Rays.**

Peggy MacEachern reports having seen Margaret Jobe, a 1945 patient, who is well and happily married to airman Paul Smith. They have two children and live in Greenwood.

Mrs. Nellie Stronach of Kingston was visiting at the Sanatorium one day not long ago, Mrs. Stronach, who was here in 1950, keeps well and busy.

John Lawrence of Medical Records had a chat with Albert Hughes of Kennetcook not long ago. Albert, who was a patient here in 1951, keeps well and is on the maintenance staff of the Hants North High School.

Dannie LeBlanc of Weymouth, who left here about two years ago, is now taking the manager's course at the Kentville Stedman's Store. We wish him well.

Roland Comeau, here in 1965, still operates his own garage in Halifax, Roland is another "graduate" whose ties with his "Alma Mater" are kept intact through **Health Rays.**

While in Lunenburg recently, Mrs. Silver of the Rehab. Department, saw Donald Silver. Don, whose brilliant Sanatorium scholastic career, during the earlier 'Sixties, led him on to greater achievement, is now Medical Records Librarian at the Fisherman's Memorial Hospital in Lunenburg. Not content to rest on his laurels yet, Don contemplates taking a course in Hospital Administration in the near future. All the best, Don.

From the daily press we learn that R. D. Lindsay of Windsor has been named Liberal candidate for Hants West. Mr. Lindsay was a patient at the Sanatorium back in 1936.

Old Timer Sandy Flynn of Dartmouth, who was here in 1941, recently dropped in to look up some of the crowd of that era. Sandy is the proud father of identical twins who will soon celebrate their 21st birthday. Both are lab. technicians at the Children's Hospital, Halifax.

Sandy reports having seen Elwood Armstrong of Liverpool, who cured here in 1942, and now works in the Post Office in his home town.

THIS HALF PAGE WITH THE COMPLIMENTS OF

Don Chase, Ltd.

* * * * * *

RECEIVES DEGREE

Among the names of those receiving Bachelor of Arts degrees at the Acadia Convocation on May 9th, we note that of James Alton Alexander of Amherst. Mr. Alexander will be remembered by many here as the Sanatorium Student Chaplain during the summer of 1966. Long before this appears in print, he will have taken up his duties as Assistant Chaplain at Dorchester Penitentiary. Mr. Alexander returns to Acadia in the fall to continue his studies. Our congratulations and best wishes!

* * * * *

And what is so rare as a day in June?
  Then, if ever, come perfect days;
Then Heaven tries earth if it be in tune,
  And over it softly her warm ear lays;

Whether we look, or whether we listen,
  We hear life murmur, or see it glisten;
Every clod feels a stir of might,
  An instinct within it reaches and towers
And groping blindly above it for light,
  Climbs to a soul in grass and flowers.

No Inducement

The prison visitor was going around the cells, and was asking rather fatuous questions. "Was it your love of drink that brought you here?" she aked a prisoner.

"Lor' no, Miss," replied the man, "you can't get nothin' here!"

A passerby stopped to watch an old man in his garden weeding. "Which weeds do you consider the easiest to kill?" he asked.

"Widow's weeds," answered the old man. "You only have to say 'wilt thou', and they wilt." —The Life Aetna-izer

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Just Jesting

Betty V.: "I think we should have more clubs for women."
May C.: "Oh I don't know. Gentler methods might do more good."

* * * * * *

Kitty: "Are you a tenor, Doctor?"
Dr. Quinlan: "No, I'm an Irishman."

* * * * * *

Betty: "Why is a kiss over the telephone like a straw hat?"
Ora: "Neither is felt, my dear."

* * * * * *

Vi: "Going to hear the lecture on appendicitis tonight?"
Edna: "No; I'm tired of those organ recitals."

* * * * * *

Laura: "I don't know the meaning of fear."
Florence: "Here's the dictionary — don't let a word like that stump you."

* * * * * *

Robert: "What shall I take when run down, Doctor.?"
Dr. Crosson: "The number of the car, of course."

* * * * * *

Gordon: "How did you get into the habit of wearing a mustache?"
John: "Oh! it just grew on me."

* * * * * *

Wally: "Your dog, Warren, seems very fond of watching you cut hair."
Warren: "It isn't that; sometimes I snip a bit off the customer's ear."

* * * * * *

Gordon: "I've been taking medicine at college for three years."
Bill: "Can't you ever get well?"

* * * * * *

Glenda immediately answered, "Yes, it is stange a wedding cake, although served at a jolly affair, is generally in tiers."

* * * * * *

It's a polite world. No one's a liar; one has a "credibility gap," instead. Nuts? Not really. There's a new euphemism for that too,— it's the "sanity gap," just invented by Barry Goldwater.

* * * * *

After boasting of his prowess as a marksman, the hunter took aim on a lone duck overhead. "Watch this," he said.

He fired and the bird flew on.

"My friends," he said with awe, "you are now witnessing a miracle. There flies a dead duck."

EXTRACTS FROM "TUBERCULOSIS IN AFRICA"

Greger Geser

PLANNING OF THE BCG CAMPAIGN

For the planning of a BCG campaign, the survey data are indispensable in defining the age groups which should be covered by the vaccination programme. In countries where as few as 5% of the 5-year old children are infected with tuberculosis, the need to give BCG to pre-school children does not seem to be urgent. In such countries, it may, therefore, suffice to direct the vaccination campaign towards school children which represent a group easy and economical to reach. The utility of a school campaign will, of course, depend on how many of the children in the community ever attend school, and for how long they remain there.

In countries where as much as 20% of the children are already infected at the time of entry into school, a strong case exists for extending the immunization programme to the younger age groups. Under such conditions, it will be necessary to devise a vaccination programme which can reach the pre-school children. either in their homes or in centres where they are collected for vaccination.

The question of the upper age limit for inclusion in the BCG campaign can also be answered in the light of the survey data. In countries such as Swasiland and Nigeria, where nearly 80% of the population is already infected with tuberculosis at the age of twenty years, it would, obviously, be futile to include adults in the campaign since they would not benefit from vaccination. On the other hand, in countries such as Zanzibar and Kenya, where less than 40% of the 20 year old appear to be infected, it may be desirable to include adults up to the age of, say, 30 years.

—Tuberculosis Quarterly Review
June 1966

* * * * *

Miss Lacey: "Where is the capital of the United States?"
Louise: "On loan all over Europe".

* * * * *

Sister Louise: "Joel, can you tell me where the Red Sea is?"
Joel: "Yes, ma'am. It's on the third line of my report card."

* * * * *

Small girl showing bathroom scales to playmate: "All I know is you stand on it and it makes you angry."

INS and OUTS

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(Continued on page 26)

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We welcome again to our campus the class in Clinical Pastoral Training operated by the Institute of Pastoral Training under the direction of Reverend Charles Taylor of Wolfville. The presence of these students in the institution always provides interest and stimulation. The Rehabilitation Department is particularly pleased to co-operate with them in any possible way in making their stay among us pleasant and profitable.

* * * * *

We are pleased that Mr. Gerald Fisher, who has been student chaplain at the Sanatorium since last September, is continuing his duties here for the summer. Mr. Fisher is also attending the classes in Clinical Pastoral Training.

* * * * *

Congratulations to Mr. Donald Brown (Rehab. Social Worker) and Mrs. Brown on the arrival of their chosen daughter, Donna Louise, on April 14th. Don reports that they no longer use their alarm clock, for Baby tells them when it's time to get up. We are sure that all routines have been changed and that Donna is the centre of attention.

* * * * * *

More honours have come to the Sanatorium—reflected from one of our staff members: Dr. John Quinlan has been elected president of the Valley Medical Society. Congratulations, Doctor John!

John Masefield, England's seventeenth Poet Laureate, died early in May of this year at the age of 88. The son of a country lawyer, Masefield followed the sea early in life, then turned to poetry. Created Poet Laureate in 1930, Masefield shocked the traditionalists with his realism and unromantic treatment of commonplace subjects. The memory of this mild and gentle man will probably be best perpetuated by his charming pastoral and sea poems. Masefield's undying love for the sea finds expression in his most famous short poem, "Sea Fever", the opening lines of which are:

I must go down to the sea again, to the lonely sea and the sky,
And all I ask is a tall ship and a star to steer her by.

* * * * * *

One of our friends who, for many years, has weighed more than enough, has recently learned about an organization called TOPS. The word stands for "Take Off Pounds Sensibly". As far as I know, the organization is restricted to ladies; at least, so far, no men have been seen attending the meetings. The interesting thing is that the meetings are being held in our own Miller Hall. We take this as another sign that the Sanatorium is interested in all aspects of health and is anxious to co-operate with those who are attempting to promote better health. We wish the ladies luck!

INS and OUTS

(Continued from page 25)

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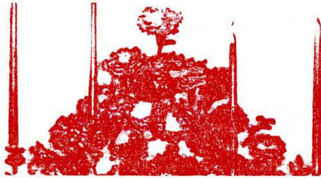

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