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DAILY: 3.15 - 4.45 P.M.

DAILY: 7.30 - 8.30 P.M.

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

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Baptist—Minister	Dr. G. N. Hamilton
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Lay Visitor	Miss B. Lockhart
Christian Reformed—Minister	Rev. J. G. Groen
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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

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### The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



Recently I have had a letter from an ex-patient who was here in 1945. He says that he is working very hard, night and day, and that he may be dying on his feet but he does not think so because he feels well. He has not had a chest x-ray examination since 1953—which worries me even though it does not seem to worry him.

During 1965, one quarter of our patients who reactivated their tuberculosis had done so after a period of more than 15 years during which the tuberculosis had remained well healed.

When treatment is finished, each patient owes it to himself and to his associates to have an examination at least once a year for the rest of his life. Most people do not reactivate their disease at all but if it is going to "light up" again it is best to catch it at the earliest possible moment when healing can once more be brought about with the greatest degree of certainty and speed.

On Friday and Saturday, October 14 and 15, it was my privilege to attend a Conference on Silicosis and Pneumonoconiosis (Lung Dust Diseases) in Sydney. One guest speaker came from London, England, and the other from Philadelphia, U.S.A. Nova Scotian guest speakers included Dr. Robert Mathieson of Sydney, Dr. McKean of Halifax, and Dr. C. A. Gordon of Halifax. Dr. Gordon interned at the Sanatorium many years ago. On Friday evening, approximately sixty physicians gathered to hear the guest speakers and to discuss dust, especially coal dust, as it affects the lungs. All day Saturday about 150 of us, physicians, Union members, and representatives of management, all continued to exchange ideas about the problems created by coal and silica dust and how best to control its menace.

The prior Thursday evening, I met in Sydney with members of the Cape Breton Tb. Association. This is a very active group and much to be commended for their efforts in case finding, health education, and rehabilitation, as well as for their financial contributions toward research in regard to diseases of the chest.

One picture is worth a thousand words and your example is more important than your advice. The father who says to his son "Don't do as I do, do as I say", is not likely to get a very good response. What kind of an example are you setting for the younger generation as far as smoking is concerned? Cigarette smoking plays a lethal role in the development of lung cancer, chronic bronchitis, emphysema, heart disease, urinary bladder cancer, and blood vessel disease. It is not morally wrong to smoke unless, of course, it is morally wrong to set an example which may lead some younger and easily influenced person to his death before his time. Perhaps

It takes about 20 years of cigarette smoking before a person develops lung cancer. In that time the victim will have smoked about \$7,000 worth of cigarettes, if he has not aiready died of a heart ailment or been disabled by some of the other illnesses attributable to the weed.

it is not morally wrong; it certainly is not smart. Indeed, it may be downright stupid.

At the entrance to some towns is a sign "Drive Carefully. Protect our Children". When will someone have the courage to change such signs to read: "Drive carefully. Do not smoke cigarettes. Protect our children". Your example is better than a thousand words.

There is a destiny that makes us brothers;

None goes his way alone;

All that we send into the lives of others Comes back into our own.

-Edwin Markham

# Lung Disease Can Damage The Heart

By John M. Bishop, M.D., FRCP Dept. of Medicine, Queen Elizabeth Hospital, Birmingham, England

Our two lungs and the heart are very intimately associated inside the chest. The soft spongy lungs surround the heart, and the way they function together is closer still. The right hand chambers of the heart are chiefly concerned with collecting stale blood from the body and sending it through the lungs to be re-freshed. The blood then returns to the reshed. The blood then returns to the left-sided chambers which pump it back round the body. It seems quite obvious that lung disease must have an effect on the heart. This is so, and I am interested in investigating a condition known to doctors as chronic **cor pulmonale**—which is only a term for 'heart-lung disease'.

Cor pulmonale seems to occur all over the world, but it is certainly very common in Britain, and one of the reasons is that we have so much chronic bronchitis. This is sometimes termed 'The English disease'. To give one example of its frequency and that of the consequences is the heart. In the hospitals of the city of Sheffield, the commonest reason for heart failure is **cor pulmonale**. The same applies I am sure to other large cities. The disease is also common in Europe, India, America, and Africa.

Several conditions may lead to pulmonary heart disease. Irritation of the lungs causes fibrous tissue to be found in the lung structure. A common cause of this is inhalation of certain dusts. And in Africa, parastic worms collect in the lung arteries. In Britain, the commonest cause, as I have said, is chronic bronchitis and a condition-associated with it -which we call emphysema. This means lack of elasticity in the air balloons that make up the lung.

Chronic Bronchitis

At least two factors are connected with its cause: atmospheric pollution, industrial and domestic, and cigarette smoking. There is a constant cough, and much phlegm—in industrial areas people get used to it and speak of having 'just the normal cough'. Later in life, the bronchitic potient becomes breathless and is chitic patient becomes breathless, and is severly handicapped. Each year 35,000 people die from chronic bronchitis, and in 1960, twenty-nine million working days were lost.

High Blood Pressure in the Lungs

Since the heart has to pump against increased resistance, all patients with cor pulmonale have the blood pressure in the lungs raised. I am especially anxious to discover why the pulmonary blood pressure is raised in some chronic bronchitics but not in all. And why the pressure

varies from time to time.

In this disease the smallest lung arteries become abnormally narrow and this obstructs the flow of blood. When the patient is unfortunate enough to have, on top of his chronic bronchitis, a cold or acute respiratory infection, an additional strain is set up. The lung function, already much disturbed, is now seriously threatened. There is less oxygen in the ood. There is more carbon dioxide. This fall of blood oxygen causes a

further narrowing of the lung arteries, and a corresponding increase in blood pressure. By administering oxygen we can partially reverse this process.

Lack of oxygen has other consequences in the body—for instance mountaineers who go up to 20,000 feet find it difficult to breathe. Those who live permanently at these heights-as for instance in the high peaks of the Andes—manage to ac-climatise themselves to habitual lack of oxygen. The body reacts by producing more red blood cells, which can carry more oxygen around, and the blood becomes thicker in consistency. This in turn causes a further rise in lung blood pressure.

In the chronic bronchitic, the blood may at the same time contain more carbon dioxide—the gas which comes from bodily activity—and there is a condition of 'acidosis' set up—a reaction to which the kidney responds in an attempt to get rid of the additional waste products. The kidneys eliminate less fluid and salt, and these accumulate in the tissues causing swelling of the ankles. These are some of the very complex problems we are studying in cor pulmonale. We begin with the treatment of chronic bronchitis and this leaves much to be desired. How-ever, new study of this common disease is making our treatment more rational than it used to be and we are now able to save many of these heart-lung patients, who would have otherwise died.

The researchers are assisted by the British Heart Foundation. Although the subject is difficult to study, it does not lack importance . . . . 35,000 deaths in a year from chronic bronchitis alone is a serious fact to contemplate, especially when we realize that for each death there are

many active sufferers. -Heart, Journal of the British Heart

Foundation.

# One Good Idea Can Go A Long Way

Sixty-two years ago, Christmas 1904. holiday mail in Denmark had a new look. Letters and parcels were decorated with stamps which were not postage. The idea was brand new, the inspiration of a Copenhagen postal-clerk, but his country-men took to it with enthusiasm. In that first year they bought four million seals. The next year the success was repeated and the sponsors felt sure enough of the future generosity of their people to start building two hospitals for children suffering from tuberculosis.

The Danes had no idea of what they had done for the fight against the world's leading cause of death. It was less than 20 years since the tubercle bacillus had been isolated by Dr. Robert Koch. With his proof that tuberculosis was infectious the medical world had started a new era in the effort to treat the disease. Now it had been demonstrated that not only the medical and nursing professions but men and women of good will, regardless of their occupation, could help.

Christmas Seals were to raise dollars, pounds, kronen, kroner, pesos, lire, francs, marks, rupees, pesatas, cruzeiros and yen by the million—but that was only part of what they did. They gave the crusaders against tuberculosis an annual opportunity to recruit more workers to their ranks. These recruits added others.

Naturally the first countries to follow the lead of the Danes were their neighbours, Norway and Sweden. Then a local campaign was launched in Wilmington, Delaware, and spread to Philadelphia. The next year, in Canada, Toronto and Hamilton conducted Christmas Seal campaigns. From then on city after city and country after country adopted the idea.

There were so many things to be done that there was a job for everyone. Some took up the cause of getting hospitals built. Some gave money, some used influ-

ence. Some did both.

An enormous amount of education had

to be done. Before too many years it became apparent that one reason for the great number of children afflicted with bone tuberculosis was that they were getting the germs from the milk of infected cows. It took a great deal of persuasion to convince the public that milk should be pasteurized so as to kill not only tuberculosis germs but other microbes which caused illness.

Other missionaries for health started a campaign to get rid of tuberculous cattle. This was no easy task, for governments had to be persuaded to pay a farmer some compensation if part of his herd had to be destroyed. In the long run it became economically profitable for exporters of cattle to be able to say that all the cattle of an area had been tested and were tuberculin negative, but it was hard selling in the early days.

Every step was a struggle — getting clinics and hospitals built, promoting mass surveys, persuading people to attend them, initiating free treatment. Finally, when after more than 40 years had gone by the first drug effective against TB was discovered, it turned out that it was often a struggle to get patients to take it.

Even the healthiest and wealthiest countries cannot claim to have control of tuberculosis yet, despite the enormous progress since the stormy night when Einar Holboell, working late in the pre-Christmas rush thought of the Christmas Seal campaign. There are still millions of cases and about three million deaths a year. Still there is no discouragement. In the majority of the 78 countries belonging to International Union Against Tuberculosis the annual Christmas Seal campaign is on. Before it is over not only will there be money for a TB prevention programme in the next twelve months but millions of men, women and children will know more about tuberculosis and how to prevent it than they do now.

C.T.A. Bulletin

A little cross of weather-silvered wood, Hung with a garish wreath of tinselled wire,

And on it carved a legend—thus it runs: "Ici repose—" Add what name you will, And multiply by thousands: in the fields, Along the roads, beneath the trees—one

A dozen there, to each its simple tale Of one more jewel threaded star-like on The sacrificial rosary of France. -From "Ici Repose" by Bernard

Freeman Trotter

### Hints To San Santas

That lively old carol, "The Twelve Days of Christmas", tells of a loving swain who sent his lady all manner of strange and wonderful gifts, beginning with a partridge in a pear tree, and ending in a consignment of twelve drummers drumming. What the lady said is not recorded, whether she was charmed with the originality of the gifts or whether she was a little appalled at what to do with them.

The plight of the lady came to mind when we began to think of writing this article designed to give people with friends in sanatorium a few hints on what to send them for Christmas. We did not think that any of you would likely rise to the heights of a partridge in a pear tree, but there is a chance that you might hit on something almost equally inappropriate from the patient's standpoint.

No one in the world is more appreciative of Christmas gifts than the patient who cannot go home to celebrate the festive occasion. Every offering, no matter how small, is joyfully received, and as a matter of fact it is often the small gift that gives the greatest pleasure. Storage space in a sanatorium is limited, so one of the pieces of advice we would offer to Santa is to avoid bulky gifts as far as possible.

The next suggestion we would make is not to send the patient anything that he cannot use. Some of you healthy people may have a little trouble with this one. Not having lived in a san, you may not realize its limitations. For example, a very favorite gift at Christmas that is quite out of place in a san is handkerchiefs. No self-respecting patient would dream of using anything so unhygienic—disposable tissue is the order of the day. Then there is the matter of wearing apparel—lingerie and stockings for the girls, ties for the men, etc., are not much use to bed patients. Keeping them until they are well enough to use them is something of a chore and again brings up the question of storage. So avoid these items, too.

There are, however, a host of other things that patients want and can use while they are curing, and here are a few suggestions that may help you. First and foremost, there are Christmas cards. These are particularly appreciated if they have a note on them, and better still, of course, are letters. They can be read and re-read many times.

Then the girls are always grateful for cosmetics—lipsticks and nail polish in their favorite shade, powders, perfumes,

toilet waters, bath salts and some really nice soap. They are quite fond of costume jewellery too—rings and earrings, even bracelets can be worn in bed. All these things are good for the morale. Manicure sets are another handy gadget. A new pair of pajamas is always welcome, one gets tired of wearing the same old rag. Bed-jackets are also popular and if your boy friend is allowed some exercise a dressing gown and slippers will be most acceptable.

It is always more difficult to think of a good present for a man, but there are quite a few things that men patients like, too. Shaving soaps and lotions are most acceptable, perhaps even razor blades or electric shavers. If they are ambulant, they would like a dressing gown and slippers, and for the bed-jacket one might substitute a light weight sweater.

Writing paper and stamps are in scarce supply in a sanatorium, and if you are sending your Christmas gift early a box of Christmas cards would not come amiss to a person who cannot get out to do her own shopping. Then there are games of all kinds, playing cards and puzzles, checkers, to mention just a few. A small dictionary would be a most welcome gift to any patient.

Some people get pleasure out of watching a small plant grow. A bowl of bulbs would add a bright spot to any patient's room.

If you are feeling extravagant and would like to send a more expensive gift, there are pen and pencil sets, clocks, and record players. If your friend has any particular hobby, send him something in connection with it—paints for artists, etc.

One of the things that will give daily pleasure (if the patient is not already receiving it) is a subscription to the local newspaper. Magazine subscriptions and a membership in a book club are other good suggestions. Finally, of course, there is a small gift of cash, as pocket money is a scarce commodity in a sanatorium. These are only a few of the hints that

These are only a few of the hints that might be sent to the special Santa Clauses who visit sanatoria. There are many things that they might bring, but perhaps they need a little extra briefing. People who are ill are often more vulnerable than those who are well, they love to receive a gift at Christmas, but it hurts a little if the giver is thoughtless in his choice. That is why we took the liberty of making out this list.

—Canadian Tuberculosis Association.

### Letter To A New Patient

Dear TB Patient: When the doctor told you that you had tuberculosis, you were dismayed and no doubt even a little frightened. I suffered considerably from both! It is not easy to accept such a diagnosis. It is not easy to give up the business of making a living or running a home or going to school and living "like the other fellows", and subordinate everything to a job — one that you never expected to have and certainly never wanted—That of spending an indeterminate length of time in a hospital. But when you came to the sanatorium you took an important step toward getting well.

important step toward getting well.

Discovering that you have tuberculosis is, in a way, like being drafted for army service. First, you arrange everything at home so that you can be gone for a length of time which depends largely on the duration of the war, then you go to camp where you start training. Your ordinary clothes are put away, someone tells you where you are to sleep . . and quite suddenly you find yourself caught up in a bewildering set of rules and regulations which seem to cover all the activities of life. Much of the liberty of adult life must be given up; when to go to bed and when to get up, what you are to eat and when, all are decided for you. You are not only expected to obey the rules, but you are expected to be as cheerful about it as possible—as indeed you should be, as you will realize when you examine the reasons why.

However difficult it is, anyone who has gone to a camp will tell you that when the first strangeness wears off there is the thrill of "learning the ropes" and allowing them to become so routine that you no longer have to think about them. This is another big step on the way.

Here you have come to a place where everything else is secondary to the business—your business—of getting well. The rules are made for your benefit. The doctors and the nurses will supply you with the advice, the knowledge, the know-how, which will help to make you a good soldier. But the courage and determination that will lead you to victory, you yourself must provide.

There is no weapon more powerful in fighting tuberculosis than the determination to get well. If you are cheerful and cooperative you will find allies in others who are engaged in the same training, fighting the same battle. There is a friend-ship in sanatorium life born of understanding and experience. In every age, men of war found that the comradeship of the army helps to compensate for the hardships possible among patients fighting a long-term illness.

Success in your new undertaking will depend in large measure on your intelligence and character. To accept the rules and the judgement of your doctors will show that you have both. Everyone wants to win . . . whether you are acquitted with honor depends to a great extent on your attitudes toward acceptance of training rules and your qualities as a good soldier. I hope you have and show a goodly measure of both.

The lowa Stethoscope

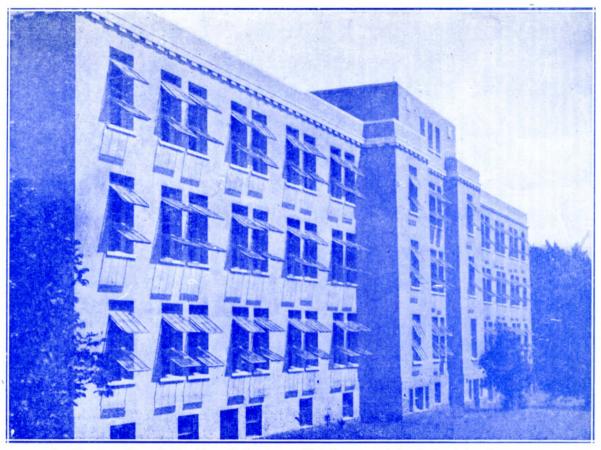
# HELP! HELP! Calling All Old Timers

Have you ever tried to find a needle in a haystack; or one person in a crowd of 20 million? Something like this is now going on at the Sanatorium.

A research project currently being carried on involves determining the health status of a group of 1800 patients, part of those who were treated here in the period 1940 to 1949. We now know the whereabouts of 1400 of these. The 400 we don't know about are, like the down of the thistle, scattered all over. Some are in Europe, some in the United States, some in other Provinces; still others, too, are living "next door" but because they have married and changed their names or have been lost to the Case Registers we cannot identify them.

We have already found a large number of our study group which were first lost to us. The successful tracing of these people has amazed some of the uninitiated, who fail to take into account the coperative spirit of the fraternity of expatients.

It is to this co-operative spirit that we now appeal. Lists of untraced patients are being prepared. If any Ex-patient, particularly those of the 1940-9 era, are willing to help, would you please let Dr. Hiltz know. We will then send you one of the lists, which will have space for you to note any information about a particular patient that you may be able to give us. We can then write to that person and obtain from them the information required for the project.



Looking southward, the East Infirmary, officially opened April 11, 1932. From a photo taken some years ago, since then Miller Hall has been added at the west end.

### 'White Plague' Remains A National Menace

About 100,000 Americans are walking the streets today with active infectious tuberculosis—and they don't know it!

By the time their symptoms appear—fever, weight loss, coughing and perhaps blood spitting—the disease has reached a point where control is difficult. Many won't recover. In fact, over 10,000 of these victims will die.

Tuberculosis is a special threat for people over age 50 because they were born and reared during the peak of TB. The days before milk was pasteurized . . . before TB victims were adequately isolated and treated . . . when epidemics were common . . . and when the disease was the leading cause of death.

Children under five are another "high risk" group because of their frequent and close associations with their parents, relatives, household help and baby sitters, any of whom may be "carriers."

However anyone is susceptible and can contract TB from someone who has it, mainly by breathing air contaminated with TB germs (tubercle bacilli). These germs are spread by coughing, sneezing and spitting. Sometimes a person becomes infect

ed when germs enter mouth from contaminated fingers, food or eating utensils, or from kissing an infected person.

Because TB is so highly communicable, everyone should have an annual checkup in the form of a skin test or chestX-ray.

Fortunately these tests are available free—any time of the year, anywhere in Illinois. Local public health offices and tuberculosis association chapters are more than willing to direct you to TB detection centres in your area.

The skin tests are simple and painless. There are three types: the Mantoux (pronounced Man-too) test. The patch test, and the multiple puncture test. If one of these indicates TB germs are present, it doesn't necessarily mean the germs are doing damage. It takes an X-ray and sputum test, along with blood and urine studies, to accurately determine whether or not the bacilli are active.

If active tuberculosis is diagnosed, your physician has a choice of a variety of drugs such as streptomycin and ionizaid which effectively suppress the germs while the body builds its own immunity.

-Contact, Illinois TB. Assoc.

#### MADAMOISELLE FROM ARMENTIERES

When Poppy Day comes around there is always quite a spate of music from World War I. One is sure to hear the cheerful strains of that ditty of endless verses, **Madamoiselle from Armentieres**. Our observation is that the verses get rowdier the more there are of them. By the time the boys get to about verse 15, poor Madamoiselle hasn't much reputation left.

This really is hardly fair. The real Madamoiselle from Armentieres was an awfully nice little lass. She was a cute little waitress in the Cafe de La Paix, frequented by the troops of World War I. She wouldn't take any nonsense from the customers but she was popular just the same.

It so happened that it was in that very cafe that Edward Rolland, one of the first actors to put on shows for the troops, sat composing songs for a show. The pert Marie Lecoq seemed to him to merit a good swinging tune. Originally it went

"Madamoiselle from Armentieres Hasn't been kissed for fourteen years" meaning since she was a little girl. This was a bit of teasing because she was certainly not inviting liberties.

In 1941 there was news of her sent back

to Canada by someone who had seen her in German-occupied country. She was by then a grandmother, looking rather worn for her 50 years and with a cough which was a result of running into mustard gas in World War I.

Life is odd, isn't it. Hers must have been hard but every year come November 11th, she revives convivial memories.

—TB. . .Or Not TB, Can. TB. Assoc.

#### STILL ACRE

Blow gently winds, across the quiet field, Where far and wide white crosses stand revealed.

No tale is written there on marble scrolls; They limned their lives in blood, these valiant souls.

Short Pilgrimage, swift road to Holy Land.

The staff laid down full soon by this young band.

No mind for fame on earth, or air, or sea, "The last of wars be this," their single

Blow gently winds, our hatreds mitigate, Lest even this should prove inadequate.

-Helen Stack Wickenden.

### **Question Box**

Dr. J. J. Quinlan



Q. Why are some people allergic to TB drugs?

A. The subject of allergic reactions to drugs is a rather complicated one and somewhat difficult to deal with in a column such as this. If one considers drug allergy as an altered response of the individual to the usual dose, it will be found that almost any drug

in the pharmacopeia can cause an allergy in some individuals. Actually, allergy to the antituberculosis drugs is relatively uncommon; you, as patients, are familiar with it because all of you are taking these over long periods of time. It is not improbable that if instead of PAS and INH you were taking Aspirin tablets four times daily that some of you would show an allergic reaction to the Aspirin. Why this allergy exists has never been satisfactorily explained.

- **Q.** How does a person become infected with bone or gland tuberculosis?
- A. During the course of the first infection with tuberculosis, the germs are frequently carried throughout the body by way of the blood stream during which journey numbers of them may be deposited as such structures as bone or kidney. Usually, these tubercle bacilli remain inactive for many years, and the bone or kidney lesion may not become evident until long after the primary twoerculosis in the lung has completely disappeared. As a result, when tuberculosis of the spine, for instance, is diagnosed the X-ray of the chest may reveal normal findings.

The involvement of the lymph glands is probably somewhat more complex and there is considerable evidence that the source of tuberculois of the glands in the neck is the individual's throat. Just as a severe streptococcal throat may cause swelling of the neck glands, so also may infection of the throat with the tubercle bacillus cause tuberculosis of these glands with the lungs escaping

completely.

- Q. Is there any danger of infection from exchanging books with other patients?
- A. There is no possibility of one tuberculous patient infecting another tubercu-

lous patient. Both already have tuberculosis. Even if such an occurrence were possible, it is very unlikely that the infection would occur from exchanging books.

- Q. Explain the word "pneumonectomy".
- A. The term "pneumonectomy" means the surgical removal of the entire lung.
- Q. If a tuberculous patient is resting in bed, would worry and mental unrest hinder the healing of the lungs?
- A. Bed rest, rest of the entire body, exerts a beneficial effect on tuberculosis by decreasing the amount of movement of the lung tissue. At rest we are breathing less frequently and not nearly as deeply as when we are up and about. This decreased activity of the lung gives the tuberculous disease in it a better chance to heal. The only way in which worry and mental unrest would hinder this process would be in preventing the patient from resting properly.

#### "DOC ADAMS" JOINS TB FIGHT

Fans of **Gunsmoke**, oldest and best of TV Westerns, will be interested to read that "Doc Adams" has been made Honorary 1966 Chairman of Kansas Tuberculosis and Health Association. Milburn Stone, who has played crusty but lovable Doc Adams since the program began, and who is one of the chief reasons for its enduring popularity, is a native son of Kansas.

At a press conference preceding a reception in Wichita attended by TB association leaders, Milburn Stone reminisced about his years in Burrton, where he was born and attended school. "In a sense," he said, "I have never left Kansas, and that's one reason I am so happy to have the honor to help the Christmas Seal campaign. Kansas is a healthy state, I know from experience, but we must make it even healthier by protecting our children from tuberculosis and other respiratory diseases. A lot of people think that TB is no longer a problem, but right here in Kansas, there were 188 newly reported cases in the first seven months of 1966, a 39 per cent increase over the same period last year. And when you consider that TB is a contagious disease, you can see why I'm joining the fight carried on by Christmas Seals."

It's useless to put your best foot forward—and then drag the other.

# 30 Years Ago

One of the more interesting items to be found in the November 1936 issue of **Health Rays** is a description of a new book by famous author Pearl Buck, in which she immortalized her mother. It is **The** Exile, and the story it tells of the mother's struggle against tuberculosis reads like scarcely credible fiction. It is probably available from the San. library, and we heartily recommend a reading of it.

Then followed a short biographical sketch of one of the best loved physicians ever at the Sanatorium-Dr. Eric M. Found. Dr. Found joined the Sanatorium Medical staff in 1936 and remained until 1942. He then returned to his native province, Prince Edward Island, and is now Director of Tuberculosis Control for the Island.

From a rather long article entitled "Maintaining the Cure" we offer some quotable quotes that pack a lot common sense into a few lines: "Tuberculosis is not an isolated episode among the happenings that occur during a lifetime. It is not a passing flirtation with the tubercle bacillus. It rather partakes of the nature of an unfortunate marriage wherein no recourse is to be had to a divorce court. It is something to be reckoned with, now and in after years, not with despair or fear, but rather with respect." "The important thing for him (the convalescent) to realize is that fatigue, and not simple tiredness, is a notice of overdraft on his account of vital reserve. The advent of fatigue is the unmistakable sign of excess." "In the case of the man who has successfully solved the problem of tuberculosis . . . time will prove by his example the truth of the dictum of the sage physician who said, 'The way to live to a green old age is to get a chronic disease, AND TAKE CARE OF IT'."

There were two accounts of Hallowe'en parties. One opens thus: "The annual Hallowe'en party in the Nurses' Home was held on the night of the 28th. The halls and dancing rooms were very festive with the conventional black and orange and the added feature of 'silhouettes', which displayed the classic profiles of many of the staff members." "Dancing rooms" in the Nurses' Home? What? Where? The reception room was cleared out to make one, and the other was a big porch all along the east end, years ago fashioned into extra rooms to cope with the rising number of nurses. Among the prize winners for costumes we find two names which are still part of the Sanatorium scene. Dr. Hiltz won the Men's Most Original as "An Accident Looking for a Place to Happpen", and "Frenchy" (Aus-tin) Amirault\_as a "Farmer" was voted the funniest. Judges for the evening were Dr. and Mrs. V. D. Schaffner, Dr. and Mrs.

G. R. Forbes and Mrs. Frank Lockyer.
The special feature of the patients party was a mock trial, in which Hughie Ven iotte—a famous Lunenburger whom to know was to remember forever—faced the court on the criminal charge of "kidnapping an infant female from Pavilion One on the night of September 18". The count goes on: "Hughie pleaded not guilty, on the advice of his lawyer, Pat MacEvoy, and then faced the prosecution under the direction of Alf. Milner. Judge Howard Ripley maintained a fairly even balance of justice, except when things became too hot for him, and he forgot his judicial dignity in an effort to yell down Lawyer MacEvoy". It was fun!

From the laughs section: A group of men were discussing evolution and the origin of man. One of the party remained silent, when a companion turned to him

and demanded his opinion.

"I ain't goin' to say," he replied. "I remember as 'ow Henry Green and me thrashed that out once before, and it's settled as far as I'm concerned."

"But what conclusion did you come to!" "Well," he said slowly, "we didn't arrive at the same conclusion-no, we didn't. Henry arrived at the 'ospital and me at the police station.

#### IN NOVEMBER

The hills and leafless forests slowly yield To the thick driving snow. A little while And night shall darken down. In shouting file

The woodmen's carts go by me homeward-

wheeled, Past the thin fading stubbles, half concealed,

Now golden-gray, sowed softly through

with snow Where the last ploughman follows still

his row, Turning black furrows through the whitening field.

Far off the village lamps begin to gleam, Fast drives the snow, and no man comes this way;

The hills grow wintery white, and bleak winds moan

About the naked uplands. I alone

Am neither sad, nor shelterless, nor gray, Wrapped round with thought, content to watch and dream. Archibald Lampman, 1861-1899.

# HEALTH RAYS

Vol. 47 NOVEMBER, 1966 No. 10

STAFF

Managing Editor Eileen M. Hiltz Assistant Editor Mrs. Mary MacKinnon Business Manager John Akin Steve E. Mullen Subscription Manager

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

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### EDITORIAL COMMENTS

This month we proudly hail a new name on our masthead. With the addition of Mrs. Mary MacKinnon to its ranks, the one-horse editorial staff becomes a team.

Mrs. MacKinnon is well-known at the Sanatorium, having been a member of the Rehabilitation Department staff for the Rehabilitation Department staff for some years in one capacity and another. This year, with her new diploma tucked under her arm, she is mainly a bedside school teacher. At times she has been the voice of radio station S.A.N., and in lighter vein a card party director par excellence. We hope very soon to pin her down for an interview and properly introduce this many-sided and admirable troduce this many-sided and admirable lady to our readers.

Does the name Einar Holboel ring a bell? No? Try Emily Bissell? No, again? How about Christmas Seals? Of course!

Everybody knows Christmas Seals.
So what's the connection? It's just this: without Einar Holboel and Emily Bissell we might very well not have Christmas

Seals today

Einar Holboel was the Danish postal clerk whose earnest desire to help those he saw suffering from tuberculosis all around him led to the idea of a penny

around him led to the idea of a penny seal on Christmas mail. His idea, supported by the King himself, was taken up by the kindly Danes, and in 1904 the first Christmas Seal Campaign in the world took place in Denmark.

And Emily Bissell? She was the dauntless American lady who, having read in a magazine article about the Danish "Christmas stamps", three years later developed the first Christmas Seal in North America, and promoted its sale to North America, and promoted its sale to save a small tuberculosis hospital in Delaware from closing for lack of funds.

The following year, 1908, two Canadian cities conducted Christmas Seal campaigns. From then on the project spread, to other cities, to all provinces, until today the Seals are an accepted tradition of our Christmas.

Some concept of the good accomplished by these small, bright bits of paper can be learned from the article "One Good Idea Can Go a Long Way", to be found elsewhere in this issue of **Health Rays**. So, salute Einer Holboel, Denmark, and Emily, Biccell, LISA

Emily Bissell, U.S.A.

From time to time we like to offer our readers poems and snatches of poems by the poets of our own country. With Remembrance Day fresh in our memories, membrance Day Iresh in our memories, we include in this issue a verse from a longer poem by Bernard Freeman Totter. One of Canada's most promising young poets, he was killed in action at the age of twenty-seven, while serving as Transport Officer during the First World War. The poem "Ici Repose" was written in France schortly before his death shortly before his death.

#### YOUR BODY CAN BEAT TB

When TB germs get into your body, you still can beat TB. Most people do.

Your white blood cells immediately come to your defense. They surround the TB germs. They usually manage to destroy some of the germs and wall in the rest so that they're stopped from spreading.

That's what usually happens . . . when you're in good shape, when you've been getting the right foods and plenty of sleep. In that case, you will have some TB germs in you, you will be infected, but you won't be sick. You will NOT have active TB, and you won't be able to pass on the germs to other people.

An old-timer is one who remembers when a demonstration only meant you might buy a new vacuum cleaner.

-Contact

#### NOTES FROM THE NURSING STAFF

Colds and 'flu' have caused a shortage of many staff members in the past weeks but we hope the worst is over and it won't be necessary to declare "A State of Emergency".

The new class of Student Nursing Assistants (Sept.) are now in uniform and will be seen more often in the clinical

Staff members were invited to attend the Valley Branch Certified Nursing Assitants Association Meeting held in Miller Hall. Representatives from, Dietary, Laboratory and Nursing were present to hear a talk given by Dr. C. M. Harlow.

Miss Vilda Skerry, Miss Gayle Wilson, Mrs. Catherine Boyle, Miss Margaret Potter, Miss E. Jean Dobson, Miss Mary Spin-ney and Mrs. Hope Mack of the Nursing Staff of the Sanatorium and other members of the V.B.R.N.A.N.S. attended the 3rd Birthday Meeting of the Hants County Branch held at the Masonic Home in Windsor.

We regret to report resignations of Mrs. Marina Reece, whose husband is being transferred, and of Mrs. Shirley Hopper who finds the long drive from Greenwood too difficult for her to continue. We wish we were closer to Greenwood.

Miss Bereneice Weeks and Miss Joann Marchant, graduates of the Nursing Assistant Course in September, are wel-

comed to the Nursing Staff.

The sympathy of the Nursing Staff goes to Dr. Hiltz on the death of his mother. For many years "Mother Hiltz" was a familiar personality around the Sanator-ium and will be missed by her friends.

Miss Helen Thompson a recent graduate

of the Payzant Memorial Hospital, Windsor has joined the Nursing Staff.
Sister Clare Marie, Director of Nursing.
St. Joseph's Hospital, Glace Bay, N.S. and Educational Consultant of the R.N.A.N.S., accompanied by Miss Margaret Beswetherick, recently appointed Nursing Adviser for the R.N.A.N.S. visited the Sanatorium on an official inspection of the School for Affiliate Student Nurses.

#### A Night To Remember.

Initiation Night for the Student Nursing Assistants '67B, according to a report written by Erna Deveau, was the night when they turned "from human beings to people of outer space, and one we would never forget."

This from all accounts was an interesting and fun-filled evening, enjoyed (?) by

#### CHILDREN'S PARTY

On October 6 Mrs. J. D. MacLeod, mentor of the Sunday morning "Quiet Hour", assisted by Mrs. Roy MacKay, Kentville, treated the children in the Annex to a Thanksgiving party. The playroom, decorated by the children, was gay with colorful autumn leaves and drawings in the Thanksgiving motif.

Faces shone with excitement and happiness as the two ladies in charge served refreshments and initiated a candy hunt. A special treat was provided by Mrs. Dixie Appleby, Kentville, who made individual cupcakes replete with candles.

On behalf of all the children, Bruce Barton thanked Mrs. MacLeod and Mrs.

MacKay.

#### A GREAT MAN

The truly great man is he who does not lose his child heart. He does not think beforehand that his words shall be sincere, nor that his actions shall be resolute; he simply always abides in the right.

Chinese Saying

So long as we love, we serve. So long as we are loved by others I would say we are indispensable; and no man is useless while he has a friend.

R. L. Stevenson

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# Chaplain's Corner

Rev. J. G. Groen Christian Reformed Church, Kentville Your Heart and Your Health

The Lord knows much better than we how our body works. He, as our maker, knows exactly how one part relates to another. In the Bible He reveals to us that man is not just a body, not just 150 or 200 pounds of flesh; no, he is more. Man can listen to the Lord God; man is open to what He says; man has an antenna, so to say, on which he receives the revelation of the Lord.

Through the sinfulness of man, this antenna does not work anymore, because a man who sins runs away from the Lord and does not want to listen. But when, through our Lord Jesus Christ, we have come to see our sins and have received salvation and a new, spiritual life, then that heart of ours is open again to the Lord.

Then also happens what we read in Proverbs 17: 22: A cheerful heart is a good medicine, but a downcast spirit

dries up the bones.

A cheerful heart is not a person who can crack lots of jokes; jokes are often just a front. No, such a heart full of joy is in a person who has found, through Jesus, the answer to the great problem of life: sin and the nonsense of life. Jesus takes that sin away and brings out the meaning. He even shows the meaning of sickness. It drives us closer to the Lord; it makes us trust Him all the more since, with our weak body, we can do so little. And this faith gives us a cheerful heart.

And from this heart there is influence upon the body that is sick. A cheerful heart is good medicine. Sometimes it can make you better altogether; but in any case does it give you strength to carry on even in difficult circumstances. People will love to visit you because you are not a heavy burden to bear. On the contrary. because your heart is cheerful, your face

will be, too.

On the other hand, a downcast spirit dries up the bones. That's a Biblical way of saying that an unbelieving person who sees no light of God in his life, and who finds his case pretty hopeless, makes things worse with himself. Tis bones dry up; that means, his health fades, he withers. And he becomes a heavy burden for his fellow patients, his nurses and doctors. He always talks about himself, does not truly care for someone else, becomes egotistic. In the end he will get few visitors, and those who come don't enjoy him. Because: his heart is not right with the Lord.

And maybe such a downcast spirit will be fixed up in the hospital. Maybe his body will heal with the help of drugs and lots of rest. But when he leaves the hospital, his heart is still sick. He has been patched up like a tire in the garage; he is rolling again. But his heart is farther away from listening to the Word of God than ever. In reality, he is a more hopeless case than before.

What kind of a patient are you? One with a cheerful, Christian heart that knows the father of Jesus to be his own Father? Or one with a heart that really has no God? If the latter is the case, know this: You have no right to say 'No' to God; you have no right to act as if He does not speak to you. No one has the right to pay no attention to the sacrifice of Jesus Christ for his sins, for your sins. Therefore, listen to the Lord, have your heart changed and be healed, spiritually first. And receive strength for your body.

He who thinks he has no faults has another. \* \* \*

To be born a gentleman is an accident. To die one is an achievement.

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### **Old Timers**

We've had a long, lovely Fall, no one could deny that, but any day now (probably by the time this is being read) we can expect a freeze or two-maybe even some of that white stuff drifting down from the skies. Anne Marie has noticed a slight falling off of visitors at the San., which means Autumn is nearly over and people are less inclined to take to the roads and go calling. But she always has news for us, because Old Timers have a way of running into each other, and happily, they often tell Anne Marie about it.

For instance, Marguerite MacLeod, of the Rehab. staff, when in Halifax for a weekend recently, ran into Murray Romkey, Bridgewater, shopping in Zeller's Murray, who was here in 1960, told Marguerite that he is taking it easy, and that he likes to travel around the province in his car. Marguerite's hosts for her weekend were Vera (Veno) and John Gabura. Vera was a patient here in 1941; John came here in 1957, after his escape from Hungary in the 1956 uprising.

A visitor in October was Roney Warren from Bear River. Roney told Ann Marie that he wanted to look up everyone he knew at the San. He, too, is taking it easy. Roney was a very well-known patient

here in 1945.

### THIS HALF PAGE WITH THE COMPLIMENTS OF

### Don Chase, Ltd.

Mary MacCracken, who was here in 1956, came in from Wolfville for her checkup. She said that when she and her husband were on a trip to Cape Breton she looked up Mona Corkum MacLeod, a 1954 patient. Mona, who lives in Louisburg, now has two sons. Anne Marie said Mary looked very well, and that she now has a child

attending university, Acadia. When on their holidays Mary (Boudreau) and Percy Doucette visited at Mary's home in Tracadie. While there they managed visits to several Old Timers in the area. Mary enjoyed a cup of tea with Sister Francis Xavier at Bethany, Antigonish. Also visited were Edna Rogers in Afton, Mary Cote in East Tracadie, and Mrs. Lena Benoit at Pomquet. Lena, who was here in 1954, is fine, and has had four children since she left the San. They also saw Mrs. Frances Boudreau, Antigonish, and Michael Myette, who had just returned from a vacation trip to the U.S. While in Antigonish, Mary visited the MacDonald Home, where she saw William John Chisholm and William MacGillivray. who are residents there. And when Mary and Percy stopped at the Port Hawkesbury shopping centre they met John and Kay (MacMillan) O'Leary, who were on their way to visit Kay's home town of Judique. The O'Learys live in Spryfield and work in Halifax.

An October visitor at the San. was Katherine MacLean, who went home two years ago, since then she married and is Mrs. MacKenzie. She is now the mother of a baby, whom she had with her on the

When Anne Marie was on a visit to her home district, she saw Albert Melanson Albert is the "A. P. Melanson" of whom we read in the papers from time to time, and he is extremely active in community affairs as well as postmaster at Church Point, Digby Co. He keeps well.

Helen Morse of the Lab. staff heard from Mrs. Harriet Robertson from Ottawa, where she now lives. Mrs. Robert son will be remembered as the nurse who looked after the patients and Old Timers coming for their appointments at Medical Section for a number of years. She had not been in good health lately, but says she has been feeling better this past summer, even doing a bit of swimming. She says she cherishes a dream of coming back to Nova Scotia for a visit. We do hope she makes it, and that she includes the San. on her itinerary.

When Grace Adams of the Nursing Department staff had her holidays, she and her father drove to Ontario. A third member of the party was "Bobby" (properly "Beau"), the toy poodle who is the constant companion of Mr. Adams. They visited Grace's sister—and Old Timer Rosemary Trenholm at Vineland, Ontario, where Rosemary has her hairdressing shop. She is "just fine", says Grace. In Hamilton Grace met Peggy Comerce P. N. Hamilton Grace met Peggy Cameron, R.N., who had been on the San nursing staff for some years, and who had taken a very active part in such things as the San. Glee Club and local concerts.

On October we were very pleasantly surprised by a visit from Sister Mary Mildred, whom we had visited when touring in the Rockies last July. She was then at Banff Springs hospital. Now she is in Halifax, taking a records librarian course at the Halifax Infirmary. Sister Mary Mil-

dred was a patient here in 1958.

#### WHAT IS CHARITY?

It's silence when your words hurt,

It's patience when your neighbor's curt, It's deafness when scandal flows,

It's thoughtfulness for another's woe.

It's promptness when stern duty calls,

It's courage when misfortune falls.

-Author Unknown

The tuberculosis problem has three phases. To one who has the disease it is a personal problem; to the physician who treats the disease it is a a medical problem; and to all persons it is a social problem.

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A 1954 Old Timer reporting in for her check-up last month was Hilda Pineo who lives not far from Kentville. We were told she looks very well and that she is feeling fine.

Florence Belben, one of the Annex gals, says she heard from Gladys Creighton who says she expects to be back teaching after mid-term. Prior to coming to the San., she had been principal of the Sir William Dawson school in Pictou. In 1944 Gladys Creighton was the first patient to undergo a lobectomy operation at the Sanatorium.

When your Old Timers Ed. attended the Fall Convocation of Acadia University on October 22 she was very interested to see children of no less than three Old Timers of her acquaintance obtaining degrees or honors. The daughter of Vivian Flewelling, formerly of Aylesford, now living in Wolfville, received her Bachelor of Science degree. Vivian, we might mention, had been on the executive of the Nova Scotia Tuberculosis Association for some years. Then going back further into the annals of the San., there were two very attractive young girls in the mid-thirities. One was Marion MacLeod, who married Ralph Burns, now a professor on the staff of the Teachers College, Truro. Their tall son obtained his degree of Bachelor of Arts. Then there was Margaret Everett, a San. teen-ager in the early thirties. "Little Everett", as she was called, is

now married and living in Burnaby, B.C. At the Alumni dinner on October 22, her daughter, a college senior, received the annual Alumni scholarship, and brighter, more eye-appealing young girl we have not seen for many a day.

A popular Old Timer members of the nursing staff visited at the San. in October. Mrs. Irene Spicer, R.N., came to Kentville to attend the funeral of friend. Mrs. Spicer, who retired a year ago, now lives in her own home at Spencer's Island, Cumberland county.

The child who reacts positively to the tuberculin skin test should have plenty of rest. Give him wholesome food and have him x-rayed and examined periodically.

A new active infectious case of tuberculosis is reported every 10 minutes in the United States.

Tuberculosis is no longer a technical and medical problem alone. It is also a social and human one of reaching out to people who often have many difficulties other than tuberculosis and get these people to go along with services designed to protect their help.

Women not only drive as well as men, they can do it on either side of the road. Home is where a man goes when he's tired of being nice to people.



Museum and statue of Evangeline to be found in Grand Pre Park.

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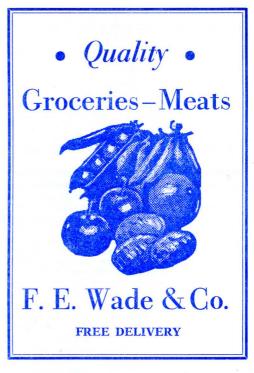
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Kings Co.; James Ernest Peake, New Glasgow; Edward Joseph Thimot, Tiverton,
Digby Co.; Charles Robert MacLellan, 2
Falkland St., Pictou; Mrs. Phyllis May
Corkum, Box 5, Kingston, Kings Co.; Mrs.
Dorothy Grace, Port Williams, Kings Co.;
Victor Morris, Economy, Col. Co.; Howard
James Cross, Box 242, Wolfville; Mrs.
Gladys Helene Creighton, 18 Falkland St.,
Pictou; Harold Hull Nicolle, 15 Westminster Ave., Amherst; Wendell Ernest Matthews, 235 Exhibition St., Kentville; Mrs.
Evaline Mary Lake, Cambridge Hants Co.;
William Bryon Coulter, Wallace Bay,
Cumb. Co.; Hugh Nichol, Three Brooks,
Pictou Co.; John Procule Bourque, College
St., Westville; Sister Louise Depres, Box
250, Berwick; Angus Joseph MacLellan,
2933 Oxford St., Halifax; James Emerson
Purcell, Lansdowne Station, Pictou Co.;
George Ray Bezanson, Apt. 2, 105 Nichols
Ave., Kentville; Murray Adelbert Trask,
6306 Cork St., Halifax; Darryl Frank Sylliboy, Bayfield, Ant. Co.; Archibald Joseph
MacNeil, 2463 Brunswick St., Halifax;
Louis Durando, Jr., 48 MacKay St., New
Waterford; Arthur Gordon Richardson,
Osborne Harbour, Shel. Co.; Mrs. Christine
Brown Tanner, Northfield, Hants Co.; Wil-

fred James Rossiter, 57 James St., Sydney; Stanley Boyd Moore, 46 Tupper Rd., Kentville; Kenneth Harvie Anthony, R.R. #3, Kentville; Edward William Hinchey, 83 Hinchey Ave., New Waterford; Mrs. Harriet Mildred Smith, Central West River, Pictou Co.; Ross James Carey, 22 George St. Middleton.

St., Middleton.

Discharges: September 16 to October 15
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Co.; Russell Frederick Arsenault, 5½ Front
St., Wolfville; Thomas Lawrence Connors,
Cloverville, R.R. #2, Antigonish; Frances
Roberta Manuel, Boutilier's Point, Hfx.
Co.; Mark James Gibson, Waterville, Kings
Co.; Gerald Gaston Barton, Acaciaville,
Digby Co.; Mrs. Nova Oliver, New Albany,
Anna. Co.; Mrs. Gladys Helene Creighton,
18 Falkland St., Pictou; Elmer MacFarlane
Kennedy, Bible Hill, Col. Co.; Garvin Ross
Hubley, Mushaboom, Hfx. Co.; Curtis
Thaddeus Gaul, Greenwich, Kings Co.;
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The printers flubbed our best joke last month, so we're putting it in again—right this time (we hope):

"It's harder to be a virgin than an angel", said the ten-year old to her friend

as they waited for their bus.

The horrified glances of the crowd at the bus stop soon gave way to chuckles as the two continued to discuss their parts in the Christmas play.

A RELAPSE, MAYBE?
"Well", said the psychiatrist with obvious\_relief, "it's taken us a long time, Mrs. Blau, but I think we've finally cured you of the fixation that you're Elizabeth Taylor.

"Gee! That's great", the lady replied, heading for the door. "Thanks very much,

and please send the bill to Richard.

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# Kentville Publishing Co.

LIMITED

A couple of fishermen were lying about their catches. "And what was your haul,

bill?" asked one. "Haven't you caught anything worth mentioning?"

"No", said Bill. "The last one I caught was too small to take home, so three fellows helped me throw him back in."

FOR SNAKE BITE?

The prim old lady was given the first glass of beer she'd ever had. After sipping it for a moment, she loked up with a

puzzled look.

"How odd!" she murmured, "it tastes just like the medicine my husband has been taking for the past 20 years."

We live on one-third of what we eat and the doctors live on the other twothirds.

"If I had it to do over again", remarked the weary husband, "I'd marry a Japanese girl. They're pretty, graceful, obedient—and your mother-in-law's in Yokohama."

#### BEE-WARE!

Walking along the edge of an aerodrome one morning a man saw an old lady watching the proceedings.
"Hello, Grannie! Are you enjoying your-

self?" he asked.

"No, I am not", she replied.

"Why? Don't you like aeroplanes?" "No I don't. Ever since I was a little girl, and a bumble bee got up my petticoats, I 'ates things that buzzes.'

"There was a young lady of Ryde Who ate a green apple and died. The apple fermented inside the lamented

And made cider inside her inside.'

Income Tax: The fine for reckless thriv-

"Cheer up, old man! There's other fish in the sea.

Rejected suitor: "Yes, but the last one took all my bait!"

#### FEET FIRST, TOO

"Billy, get your little brother's hat out of that mud puddle."

"I can't, Ma. He's got it strapped too tight under his chin."

New patient: "Say, doctor, I asked that nurse to put a hot water bottle at my feet and she just stuck up her nose and walked off.

Doctor: "What else could you expect?

That's the head nurse."
Patient: "Gee, do they specialize that much? Then get me a foot nurse."

"I know a boy only five years old who has mastered Greek."

'How unusual! He must be a genius!" "No—he's a Greek!"

#### OTHER DAYS, OTHER WAYS

"When I was a boy", he said, "if grandma or grandpa missed the stagecoach they waited patiently a week for the next one. Nowadays we make the air blue if we miss one section of a revolving door."

#### HIS MAJOR SUBJECT

"I hear your son's at college."

"Yep"

"How's he doing?"

"Pretty good, I guess. He's taking three languages. I've paid out \$10 for Latin, \$10 for Greek and \$100 for Scotch."

Parents who are afraid to put their foot down usually have children who step on their toes.

Important things are usually the aggregate of a lot of little things.

#### Good Fit, Too

Wife: "Darling, a moth was in my bathing suit."

Hubby: "Well, it must have looked very nice on him."

"What's the difference between a model woman and a woman model?"

"Easy—one's a bare possibility—the other's a naked fact."

#### SAME DIFFERENCE

Experienced One: "Did you do what I advised? Did you tell her that you lost your appetite on account of her, and all that stuff?"

Inexperienced One: "Well, kind of. I said the sight of her put me off my food."

Census takers in remote sections of the Arkansas hills have special problems to cope with. One, for instance, encountered a rugged girl, not more than twenty, with four children. "May I have their ages?" he inquired.

The girl knitted her brows. "Let's see if I can recall", she mused. "One's a lap child, one's a floor creeper, one's a porch child, and the oldest is a yard young one."

#### BY COMRADE PUCCINI

In Moscow a woman worker approached her boss.

"Madame Troyvanovich", she said, "may I go home earlier tonight in order to attend the opera?"

"Now, you know we have no titles under communism. We are equal", reminded her boss. "So don't say 'madame'—say 'comrade'. What opera are you going to see?"

"Comrade Butterfly", the worker replied.

Mistress: "Marie, you were entertaining a man in the kitchen last night, weren't you?"

Maid: "That's for him to say ma'am, but I did my best."

#### YOU CAN'T WIN

When the nurse brought in my tray
She was such a dream,
I got all excited
And upset my cream.

I don't have to tell you
Because you know the score,
They had to call up Ottawa
To see if I could have some more.

I was gonna call the doctor And have him take a peak At a cup of tea of mine, It was so pale and weak.

Then I asked for something different, "I don't like cheese," I said.

Now they don't send cheese and crackers,
They send cheese and bread.

If you haven't come to realize I think that you should now; There's no use of complaints, You can't win anyhow.

Don't take me too serious, My jests are all in fun. I've said my recitation, So for now I'd better run.

> —Wally Burgess, 2nd. East.

#### THE MEANIE!

I know a guy who happens to be a sadist. It just so happens that his best friend is a hypochondriac and all day long he keeps telling him how well he looks.

On their honeymon, the groom took his bride by the hand and said, "Now that we're married, dear, I hope you won't mind if I mention a few little defects that I've noticed about you."

"Not at all", the bride replied with a deceptive sweetness. "It was those little defects that kept me from getting a better husband."

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### When Treating TB Alcoholics Remember .

Dr. A. W. Stinton, Temple University, School of Medicine, Philadelphia, Penn.

- 1. Alchoholism is a disease or symptom of disease, not a crime. It is a medical. not a moral issue.
- 2. Recognize and accept the great personality and cultural differences that often separate staff and patients.
- 3. Bear in mind that serious obstacles to communication exist, and always try to see through the patient's eyes and hear through his ears.
- 4. Remember that the patient really does not want to be the way he is, even when he seems to accept and almost welcome his fate. Most have long since stopped arousing the guilty inner man. Many have never been outside the jungle of alchoholic living and know no other way of life. Most expect nothing but failure, and so never attempt to change.

5. See yourself in relation to each patient. Ask yourself if your decision and or action is for your own needs or the

patient's.

6. Accept reasonable goals for treatment in each case and avoid the frustration of over-reaching. The tuberculosis hospital should not ignore the alcoholism and psychic disturbance, but it should realize its limitations in bringing about a change. There is no such thing as total cure either in tuberculosis or alcoholism.

7. Define the goal of treatment in each case and judge crises, setbacks and the patient's aberrant behavior objectively in

the light of that goal.

8. Derive satisfaction from achieving part of your goal
9. Be wary of generalizations, especially those used to justify repressive rules such as "You must make an example of him."

10. Don't be afraid to stretch: Stretch your imagination in trying to see the world as it looks to the patient. (b) Stretch your ingenuity in trying to establish rapport with the patient. (c) Stretch your compassion when you must sit in

judgment. Here above all, keep your eye on the goal.

11. Keep a sense of proportion, which

is the same as a sense of humor.

—Via SMB news Bulletin.

#### 'SO YOU ARE WALKING OUT'

Have you been honest with yourself and taken time to consider the wisdom of such a step? Consider for a moment, if you please, these questions:

1. What are the problems that I have which prompt me to leave the sanatorium

against medical advice?

2. Are they really more important than "taking the cure" and getting well?

3. Have I talked these problems of mine over with my doctor and/or the social worker?

4. Have I given them an opportunity to help solve my social and/or family

problems?

5. Have I really been fair to myself and taken sufficient time to decide about leaving?

6. Have I really tried to adjust myself, to accept a restrictive routine while here, or have I accepted it half-heartedly?

7. Do I, and my family, fully understand the dangers of leaving against advice, that the possibility of a breakdown is greater, the need for returning to the sanatorium and repeating the cure increases the outlook for recovery less certain, and opportunities for ultimate rehabilitation lost?

If you have not done all of these things, and done them well, why leave? You owe yourself and your family the obligation to take the cure so that you may return to your community from which you came

fully rehabilitated.

Why not stay?

Firland Magazine

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