

NOVA SCOTIA SANATORIUM

VOL. 45

JUNE, 1964

NO. 6

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DAILY: 3.15 - 4.45 P. M.

DAILY: 7.30 - 8.30 P. M.

*Absolutely no visitors permitted during*

**QUIET REST PERIOD 1.15 - 3.00 P. M.**

*Patients are asked to notify friends and relatives  
to this effect*

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## *Kentville Church Affiliation*

Anglican—Rector .....	<i>Archdeacon L. W. Mosher</i>
Sanatorium Chaplain .....	<i>Rev. J. A. Munroe</i>
Baptist—Minister .....	<i>Dr. G. N. Hamilton</i>
Assistant .....	<i>Rev. D. M. Veinotte</i>
Lay Assistant .....	<i>Lic. David Wilton</i>
Lay Visitor .....	<i>Mrs. Hants Mosher</i>
Christian Reformed—Minister .....	<i>Rev. John Vandyk</i>
Pentecostal—Minister .....	<i>Rev. C. N. Slauenwhite</i>
Roman Catholic—Parish Priest .....	<i>Very Rev. J. H. Durney</i>
Asst. Roman Catholic Priest .....	<i>Rev. Thomas LeBlanc</i>
Salvation Army .....	<i>Major R. G. Ellsworth</i>
United Church—Minister .....	<i>Rev. K. G. Sullivan</i>

The above clergy are constant visitors at the Sanatorium  
If you wish to see your clergyman, make your request known  
to the nurse in charge.

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# HEALTH RAYS

A MAGAZINE OF HEALTH AND GOOD CHEER

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VOL. 45

JUNE, 1964

No. 6

## The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.,  
Medical Superintendent



This month our particular congratulations are extended to Mrs. Hope Mack, Director of Nursing, who was re-elected President of the Registered Nurses' Association of Nova Scotia at their annual meeting in Amherst during May. Mrs. Mack's re-election is the highest form of praise and is an endorsement of the way she graced that office during the past year.

We are very proud, too, to have had one of our staff members, Miss Marilyn Barnes, selected to represent the town of Kentville as their Apple Blossom Festival Princess. We wish to express our pleasure, also in the selection made by the town of Wolfville where the choice of Princess fell to Miss Donna Smith, daughter of Health Ray's editor Mrs. May Smith. Our very best wishes are extended to both of these very personable young ladies. The judges will be hard pressed to select the Queen this year.

We extend our congratulations, also, to Mr. Fred Barrett, our Director of Rehabilitation, who has been elected President of the Nova Scotia Division of the Canadian Mental Health Association. In addition, he is a director of the parent Canadian Mental Health Association.

On January 19, 1933, the local press carried a picture of the East Infirmary. Below the picture was a short release which said "Dr. A. F. Miller, Medical Superintendent of the Sanatorium, declares that while the Sanatorium and Annex capacity in Nova Scotia has been increased to 544 beds within the past year, there are only about 300 patients actually receiving institutional treatment. We are still having about 500 deaths a year from tuberculosis in Nova Scotia, Dr. Miller stated, a rate of 100 for every 100,000 of our population. Therefore, by proven figures we must certainly have

some 3000 persons who should be under sanatorium care. All who have given the matter serious thought must realize, as Dr. Miller says, that 'personal charity is too haphazard, too unevenly divided and, in short, not the way to do this work properly'. The care of these unfortunates must no longer be left to any haphazard methods, and the demand is for a concerted effort among all government bodies in the Province to insure adequate treatment for all sufferers from this dread disease." How different things are today with a death rate of only 3.8 per 100,000 population and all treatment provided at government expense. Truly, we owe much to those who fought our battles for us in years gone by.

I am indebted to Dr. Lin Comeau, dentist in the town of Kentville, for making available to me some of his old newspaper clippings so well preserved in a Sanatorium Scrap Book. One of these, dated February 10, 1938, mentioned how Dr. Miller has given artificial pneumothorax treatment to a patient here in 1913. This was the second case in Canada and the patient was alive and well in 1938. Most of you will not know that this became quite an effective form of treatment. When I came to the Sanatorium in 1935, each physician would have fifteen or more such treatments to give every day but in 1913 this was real pioneering.

An advertisement from the March 22, 1928 issue of the Kentville Advertiser promoted the movie "The 13th Juror" showing at the Capitol Theatre and starring Walter Pidgeon, "once a patient at the Kentville San". As many of you know, he did take treatment here for a year in 1917-1918.

Also in the scrapbook is a program of a play, billed as a mystery farce, in the Strand Theatre, Kentville, on Thursday evening, December 2nd., 1920. The musical program was presented by the Sanatorium Orchestra under the direction of Mr. Eric Burrel who was then in charge of the Sanatorium

(Continued on page 25)

# Tuberculosis — What Is It?

A. B. Dickey, M.D.

Simply defined, tuberculosis is an infectious or contagious disease, occurring in man and in many animals. At present, tuberculosis of the lungs is seen most often, but it can attack any organ or system of organs in the body. The stomach is perhaps the most nearly immune to attack of this condition. It is possible for the germ to involve bone, brain, the membranes covering the brain, the lymphatic system, the genito-urinary system, the skin, etc.

The origin of this disease is lost in the mists of antiquity, but it is entirely possible that the disease is as old as mankind itself. A neolithic skeleton estimated to date at about 5000 B.C., which shows tuberculosis of the spine, has been found. The dates of the Hindu Vedas are unknown but, it is stated that long before they were written, descriptions of consumption, which is a well known lay term for the disease, were passed on orally from generation to generation, and historians have stated that the disease existed on the plains of the Ganges in prehistoric times long before cities appeared. As far back as 2000 B.C. evidence of the presence of tuberculosis has been found in Egypt. Before the time of Hippocrates little mention is made of the disease in Greek literature, but apparently Hippocrates could recognize the condition.

Tuberculosis, as such, is not mentioned in the Bible, but all are familiar with the crucifixion description in which a Roman soldier pierced the side of the Christ and "blood and water gushed forth". Some authorities have conjectured that the "water" may possibly have been a pleurisy with effusion which is often due to tuberculosis of the pleura.

Throughout the centuries and throughout the Middle Ages tuberculosis was often referred to as the "white plague" and was often called the "captain of the men of death". It was responsible for more deaths than any other single cause. As late as 1750 it is stated that the death rate from tuberculosis in Vienna was as much as 500 per 100,000 population per year. It was only at about the turn of the century when treatment in sanatoriums with the rest cure was instituted that the death rate began to show an appreciable decline. This decline in the death rate has been quite noticeable, almost to the point of being spectacular, since the introduction of the modern antituberculosis drugs. Although the death rate from tuberculosis in Illinois is something around 6.2 per 100,000 people per year, tubercu-

losis still leads all other infectious diseases in cause of death.

Tuberculosis is not confined to man alone and many other members of the animal kingdom can have a type of tuberculosis. The most familiar of these is the bovine type infection, or tuberculosis in cattle. This type of infection was particularly important to mankind, since the germ causing the disease in humans and the germ causing the disease in cattle could apparently be freely interchanged from one to the other. Bovine tuberculosis has been almost completely controlled, but I am sure you all know that this control was brought about by eradication of diseased animals rather than treatment. The management of tuberculosis in cattle depended on the discovery of the disease in the animal and the immediate quarantine and destruction of this animal. This attack on dairy herds which had cows with tuberculosis has resulted in the almost complete disappearance of the disease in these animals. Bovine tuberculosis was transferred to humans through contaminated milk and some 30 or 40 years ago our hospital wards were full of cases of bone tuberculosis involving knees, hips, and spine. It has been known for a long time that this particular germ had a predilection for bone in humans. Since our dairy herds have all been tuberculin tested, and the positive reactors killed, we have noticed remarkable decrease in tuberculosis of the bone. Bone tuberculosis is seen only occasionally in our tuberculosis hospitals today.

There is also an avian type of tuberculosis seen in poultry and other birds, but it carries no great significance as far as humans are concerned. However, it is known to me that one man gave all indications of having a pathological infection with the avian type tuberculosis, and in our hospital in Madisonville our laboratory recovered this organism twice from a lady who died of lung cancer. The identification of the bacillus in this case was verified by the Communicable Disease Center of the U.S. Public Health Service, Chamblee, Ga.

It is also known that a type of tuberculosis occurs in reptiles such as snakes, turtles, etc.

Although tuberculosis is known to be a contagious or infectious disease, the contagion element is not at all like that seen in the childhood diseases. We all know that

(Continued on page 25)



## Smoking and Air Safety

Grand Canyon, Fort Dix, Atlantic Ocean off New Jersey coast—hundreds lose their lives in the worst air tragedies in history!

Chicago, Los Angeles, New York, Miami—probes begin of overcrowded air lanes to prevent more plane collisions.

Washington, D. C.—nine bills introduced into Congress to ban liquor from air liners as a safety measure. Committee hearings and debate attract wide interest and attention.

No current problem has been so much in the public eye of late as air safety. But what does smoking have to do with safety in the air? More than the average person thinks.

For example, startling results were found from the investigation of a recent fighter plane crash. Because of the terrific crash impact, only a few small pieces of the pilot's body were found; but evidence from body tissue showed that about two hours before taking off he smoked two cigarettes on an empty stomach. When he reached the stratosphere, the nicotine from those cigarettes was enough to cause him to black out.

Another effect of smoking important to fliers comes from carbon monoxide, which is absorbed from tobacco smoke and which produces an oxygen deficiency in the blood. Recent research shows that carbon monoxide in much smaller quantities than previously supposed may produce harm, especially on delicate body functions such as vision. Overt symptoms, like headache, may not appear until saturations of about 20 percent in the blood are reached, but medical scientists now find that visual sensitivity is adversely affected by very small amounts of carbon monoxide, measurable impairment being demonstrable with increments of about 3 percent.

Moreover, the effects of carbon monoxide and altitude are additive. On the basis of body function, a person who smokes a pack of cigarettes a day lives at the equivalent of 8,000 feet elevation. Fliers add their actual altitude to their "smoking altitude."

Scientists Ruhl and Lin, in testing pilots for altitude tolerance, found that some of their subjects who could tolerate altitudes of 20,000 to 21,000 feet on days when they refrained from smoking were able to reach only 16,000 when they smoked heavily before tests.

Also of vital import to airmen is the ir-

ritation of the upper respiratory tract that may be produced by smoking, giving rise to difficulty in the equalizing of pressure in the middle ear and sinuses with that of the atmosphere. Flying under such conditions may reduce hearing ability, cause pain in the ears or sinuses, and make other symptoms worse.

It is to be observed in this connection that cigarette-smoking passengers find less pleasure in smoking at altitudes of 10,000 feet or more; in fact, smoking may give rise to headaches, increase air sickness, and cause additional trouble if coupled with oxygen lack.

Thus, in the current effort to discover and eliminate all possible flying hazards, it becomes evident that study should be given to the tobacco factor, for smoking is itself a physiological hazard. If the maximum of safety is to be achieved, with planes of ever higher speeds and greater complexity of operation, smoking should logically be eliminated.

As Pilot Robert N. Buch, writing in *The Readers Digest*, comments: "The people of the air have found that smoking is bad for them. And, of course, if smoking does things to fliers that lower efficiency and impair health, it does the same things to you."

—Smoke Signals.

A pessimist is a man who feels that all women are bad—an optimist hopes so.

Success is relative—the more success the more relatives.

Only one man in a thousand is a leader of men—the other 999 follow women.

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.  
—Lowell

It is easy enough to be prudent,

When nothing tempts you to stray;  
When without or within no voice of sin  
Is luring your soul away;  
But it's only a negative virtue  
Until it is tried by fire,  
And the life that is worth the honor of earth  
Is the one that resists desire.

—Selected.

# Tuberculosis Control Services, 1964

J. E. Hiltz, M. D.  
Administrator

In 1911, over 1100 Nova Scotians died of tuberculosis. In the succeeding decades 1921, 1931, 1941, 1951 and 1961, the numbers dying of the disease fell to 700, 524, 429, 126 and 28 respectively. In 1962 and 1963, the number of deaths remained the same as in 1961.

The morbidity statistics do not reveal such dramatic declines. Unfortunately, uniformly comparable statistics are available only for the period 1957 to 1963. During these years, newly discovered cases of tuberculosis and reactivations of previously inactive disease remained fairly high as indicated below:

	1957	1958	1959	1960	1961	1962	1963*
New Cases of Active Tb.	282	268	287	234	225	228	223
Reactivations of Old Cases	79	105	136	111	84	73	58

\* Preliminary figures

As shown, there seems to be an encouraging diminution in the number of old inactive cases which reactivated each year. On the other hand, the number of newly reported cases of active tuberculosis has not changed appreciably over the past seven years.

Intensive and effective treatment routines have made it feasible to reduce very appreciably the patients' period of stay in tuberculosis hospitals. Adequate treatment consists of rest, special drugs and, often, surgery. Rarely does treatment of a case last for a shorter period than two years but half, or more than half, of this time may be spent safely at home while the patient continues to take specific drugs to help control the tuberculous disease.

In 1953, there were 1246 treatment beds in Nova Scotia allotted for the institutional care of patients with tuberculosis. By May, 1964, only 382 were still in use and this number is considered to be quite adequate to meet requirements.

The Nova Scotia Sanatorium in Kentville was the first Canadian sanatorium built by a Provincial Government. It opened its doors in 1904 with eighteen beds. Subsequently, it reached a capacity of 400 beds but it now has accommodation for only 200 in-patients. It has served as the centre for chest sur-

gery for the tuberculous since 1934. Its services are fully integrated with special facilities for surgery, dentistry, psychiatric consultations, laboratory work, physiotherapy, rehabilitation—teaching, handcraft, social work and vocational guidance—and auxiliary services such as a chapel, barber shop, patients' library, canteen, post office and radio pick-up station SAN. Each month, about twenty-five student nurses come to the Sanatorium from training schools elsewhere in the Province in order to receive special instruction in tuberculosis nursing. There is also a Nova Scotia Sanatorium School for Nursing Assistants which began in 1948 and now provides a one year course for twenty-five to forty students each year. A monthly magazine, *Health Rays*, has been published continuously since 1919 and provides health education material and items of general interest for patients, ex-patients and staff. The Sanatorium holds two out-patient clinics each week for the assessment of chest conditions and suspected chest conditions referred to the Clinic by health unit directors and family physicians.

Point Edward Hospital provides care for 152 tuberculous patients and an out-patient clinic service. It was established in a renovated naval hospital a few miles from Sydney, N. S., in 1949. This institution also provides laboratory services, rehabilitation facilities and a course of instruction for affiliate student nurses. And there exist auxiliary services such as library, chapel and canteen.

The Nova Scotia Hospital in Dartmouth has accommodation for the care of thirty tuberculous mental patients. Fortunately all this accommodation is not now required although as recently as 1959 such patients occupied 150 treatment beds reserved in special areas at this institution and two of the municipal hospitals.

Services to tuberculosis patients outside the hospitals are under the direction and supervision of the Health Unit Directors. Each Unit maintains its own Tuberculosis Case Register in which is recorded every new case of tuberculosis found and its progress over the years. This register provides the basis for follow-up of all known cases of tuberculosis at least annually through-

(Continued on page 25)

# The Sweetest Story Ever Told

A total of 3,199,023,000 pounds of candy was consumed by Americans the past year, according to the Candy, Chocolate and Confectionery Institute.

Though few candy consumers know it, this sweetest story ever told began more than 3,000 years ago when some clever Egyptians blended honey, nuts, chopped fruits, sweet herbs, and spices into the world's first candies. These "Sweetmeats" were hawked from baskets in the market places 1,566 years before Christ was born.

The Romans patronized candy shops which had tools and molds strongly resembling some of the candy-making equipment used today! From India, by way of Persia and Arabia, came sugar for the world's confections; our word "candy" comes from the Persian kandisefid, or sugar. Ever soothe a scratchy throat with lozenges? Hundreds of years before Christ, Arabs had learned to make them from powdered sugar and gums.

As for other popular tidbits, a kind of peanut brittle was cooked up by Amazon jungle Indians for their tribal "Feast of the Moon" and Spanish explorers went nuts over the confection as far back as five centuries ago.

Pralines, whipped up by a talented cook in the employ of the Marechal du Plessis-Praslin, were a seventeenth century concoction.

The nougat was on everyone's lips one hundred years later. (Legend says a kindly old French lady invented the sweet and gave it to the village children; from their delighted cries of "Tante Manon, tu nous gates!" (Aunt Manon, you spoil us), the nougat got its name.)

Chocolate was a royal drink—and then a state secret—long before it was a candy. "Chocolate," served by King Montezuma of the Mexican Aztecs to the Spanish invaders, proved a bitter pill for them to swallow even from golden goblets. Sweetened with cane sugar, the beverage made a hit in Spain; but the chocolate drink remained a Spanish monopoly for almost 100 years. Garrulous monks talked too much, and word got around so that by 1657 the first English chocolate house opened its doors.

Perhaps the greatest amount of sweet talk was caused just before World War I by the manufacturer who noticed how well his chocolate-covered creams sold. He decided to mold a few cream-centered chocolates together—and the candy bar was born!

Today's American reveling in glorious indecision, has over 2,000 kinds of candy and chocolates from which to choose. But even the selection of a chocolate-covered caramel

(when he thinks he is getting a fruit center) need no longer be a source of sweet sorrow. Not if the candy-eater understands the "candy code" used by most manufacturers.

Next time you open a box of chocolates, look closely at the swirly scrip atop each candy. "V" indicates vanilla cream; a flat-topped candy with an open "C" is a cherry cordial and "O" stands for orange filling; "P" for pineapple.

Note the shape as well as the script. Creams are usually round, caramels are square or oblong, and nougats are oblong too, though longer and flatter than caramels.

Another key, this time to the caloric content hidden in each toothsome piece is provided by the Candy, Chocolate and Confectionery Institute:

A piece of candy yields, on the average, 47 calories; if it's a miniature, only 27. A sourball has 14 calories, a filled raspberry 14; a fruit slice 20; an uncoated peppermint patty 15; a chocolate peppermint patty 30; a caramel 38, a lollipop 25.

Sweet-lovers who think candy "out of this world" have some support from space scientists; a recent report by nutritionists for the Air Research and Development Command suggests the inclusion of various types of candy as staple diet items in manned space voyages.

Military use of candy is nothing new; American soldiers have been issued candy bars since World War I, and England's Queen Victoria sent 500,000 pounds of chocolates as a Christmas present to her troops fighting the Boers in Africa at the turn of the century.

Here you have the . . . . .  
"Sweetest Story Ever Told."

—The Link

The old believe everything; the middle-aged suspect everything; the young know everything. —Wilde

Prof.: "If there are any dumbbells in the room, please stand up." A long pause. Then a lone Freshman stood up in the rear.

"What — do you consider yourself a dumbbell?" asked the Prof.

"Well, not exactly," replied the Freshman, "but I hate to see you standing all alone."

In one southern town, there are two churches across the street from one another. "Couldn't those churches be combined?" a visitor asked.

"Not very well", was the reply. "That church over there says, 'There ain't no hell', and this one says, 'The hell there ain't'."

## Patient's Terminology

- Adhesion—Helps hold patient together.
- Air Space—Space with air, natch.
- Bed Check—Done to discourage patient from climbing out of window or having friends climb in.
- Bed Rest—The art of not being caught out of bed.
- Bed Table—Devices for spilling soup in patient's lap.
- Bronchoscopy—Settling a bet between doctors about how much pipe a patient can swallow.
- Cavity—That which it is preferable not to have.
- Doctors—Men who make rounds (See).
- Discharge—Something to look forward to like a mirage.
- Empyema—Sister to Amapola.
- Exercise—What a patient is on, legally or otherwise.
- Few Months—18, 24 or 36.
- Fluoroscope—Device used when doctor gets curious about inside of patient.
- Gastric—The reverse of enema.
- Lights Out—Time for best TV programs.
- Lung—That which if patient didn't have he wouldn't have Tb of.
- Meals—What patient wishes he could go out for.
- Conference—When the doctors get together and ask each other, "Have you heard any good stories lately?"
- Midnight—Time to wake up, wash, and have pulse and temperature taken.
- Nurse—Person who says, "You'll have to ask the doctor."
- Occupational Therapy—Something to pass the time that the patient isn't supposed to be doing anything during.
- Operating Room—Where patient doesn't want to go on business.
- P.A.S.—Stuff.
- Patient—Person that ain't going no place.
- Privacy—What a patient has the least of when it's wanted the most.
- Rehabilitation—Training so patient can become self-supporting and get off the welfare, you bum.
- Rest Period—Time to sleep if patient can't find anything to do.
- Ribs—That which patient may not have so many of after leaving the san.
- Roommate—Three's a crowd when patient is visited by the "one and only".
- Sign Out—Patient's self-authorized discharge.
- Sputum—That which we wish we had when the doctor wants a gastric.
- Streptomycin—Fun.
- Take the Cure—Lie back, relax, and deal the cards.
- Temperature—That which patient should not have high.
- Trachea—What patient would like to squeeze on whoever it was that gave him Tb.
- Tuberculosis—The reason that patient is a.
- Visiting Hours—Period of time at the end of which patient says, "What, already?"
- Visitor—What patient wishes he was.
- Window Writing—Unsatisfactory cure for frustration.

—Detroit Fluoroscope

## News from The Nursing Staff

### NOVA SCOTIA SANATORIUM

Miss Shang Mei Huang and Miss Wei-Yuh Huang, graduate nurses from Taiwan, Formosa, are presently taking the Post Graduate Course in Tuberculosis Nursing.

Mrs. J. Moffatt, R.N., has returned to Toronto. Mrs. Joan Fox, R.N., and Mrs. Marie Webb, R.N., have resigned from the Nursing Staff.

Mrs. Hope M. Mack, R.N., has been re-elected President of the Registered Nurses' Association of Nova Scotia. Congratulations to our Director of Nursing.

Miss Madeline Spence, R.N., attended the annual meeting of the R.N.A. of N.S. in Amherst.

Sympathy is extended to Miss Elvena March on the death of her father.

The Certified Nursing Assistants held an executive meeting in Miller Hall recently. The Valley Branch of the Certified Nursing Assistants meet in the Conference Room this month.

Mrs. Shirley Ward and Mrs. Beverly Creemer have resigned from the nursing staff as they are moving from Kentville.

Miss Rita MacKenzie, who has been on vacation at her home in Sydney, has returned.

With the closing of Pavilion 6 Miss Gayle Wilson, R.N., is Head Nurse on Floor II East Infirmary and Mrs. Shirley Clerk, R.N., is now Head Nurse in the Annex.

# A Benefactor of Medicine

**William Richard Morris**  
The Rt. Hon. Viscount Nuffield,  
G.B.E., C.H., F.R.C.S., F.R.S.

Remember the British motor car manufacturer who made a gift of an iron lung to each of our sanatoria, and to every hospital in the British Commonwealth which made request?

William Richard Morris was born at Worcester on October 10, 1877. He was the descendant of a long line of Oxford gentlemen, who he was proud to recall occupied notable roles in public life since 1278. His forebears included a surgeon, a mayor and a judge.

At the age of sixteen, having been refused a raise by his employer, he decided that from then on he was going to work for himself, and he set up as a cycle manufacturer and repairer. Like the cars he was to build later his bicycles were made to last. The progress of his manufacturing business had three interruptions: World War I, when cars gave way to munitions; the 1929 slump when the small inexpensive car field was developed; and the Second World War when his factories were turned over to munitions and the repair of damaged aircraft. His services to the country were recognized by the conferment of a baronetcy, and later he was made a viscount. He died in August, 1963, at the age of 88.

Lord Nuffield's life has often been described as one of the biggest success stories of the century, and few would deny that it was due to his genius and persistence. Undoubtedly he was a shrewd judge of men, and never spared himself. He was capable of inspiring his executives with his own enthusiasm, spirit of enterprise, and a great sense of loyalty.

Although he built a huge fortune, he was never concerned with the amassing of wealth or wielding great power outside his own interests. Despite his tremendous industrial achievements Viscount Nuffield's name will

live on because of the astonishing generosity and the wide range of his benefactions, particularly those to medicine and general science. He often said that it was much more difficult to disburse money wisely than to make it, and he took great pains in the choosing of his benefactions. Some appreciation of his scale of values can be gained from an examination of the stated objects of the Nuffield Foundation:

"The advancement of health and the prevention and relief of sickness in particular by medical research and teaching and by the organization and development of medical and health services; the advancement of social well being, in particular by scientific research and the organization and development of technical and commercial education, including the training of teachers and provision of scholarships and prizes; the care and comfort of the aged poor; and the advancement of education."

His direct contributions to academic medicine included the establishment at Oxford of Chairs in Anesthesia and Orthopaedic Surgery and later assistance in setting up the Post Graduate Medical School. Finally, as an expression of Lord Nuffield's interest in the burns sustained in tank warfare in North Africa, a Chair in Plastic Surgery was endowed.

Since it was established in 1943 the Foundation has made grants totalling more than 16 million pounds. Six million pounds were devoted to medical and scientific research and four million to various social experiments and to the advancement of education.

Here was a man who used his wealth well. Others are needed to advance medical research.

—The Valley Echo.

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# HEALTH RAYS

VOL. 45

JUNE, 1964

No. 6

## STAFF

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## EDITORIAL COMMENT

With all the controversy over a flag for Canada appearing in the papers recently one realizes that in order to have something become very important and dear to us, we must sometimes be faced with the possibility of losing it. We seldom stop to think how fortunate we are to have good health until we get sick. Nor do we appreciate the beauty of the trees and flowers when they are all around us. I wonder how we would feel if we were suddenly dropped in one of the underdeveloped countries of the world.

In peace time the red ensign is taken very much for granted, yet how many thousands have died for its preservation and honour!

Flags originated way back in antiquity. They were sacred symbols, often crudely mounted on spears and carried proudly at the heads of great armies. The office of standard bearer was one of high honour. When the standard or flag was taken by the enemy it was not just an indignity—as it is even to this day—it was an affront to the gods, certain to be followed by humiliating defeat. The Romans finally settled on an eagle as their emblem or flag.

After Constantine, Rome's first Christian emperor, the laborum—a banner of richest silk with the monogram of Christ was borne at the head of armies. So the divine significance of flags has been carried even into our era.

Canada adopted the red ensign with the dominion badge for its merchantmen in 1892. The arms of the four provinces that united in 1867 formed the great seal of the Dominion.

From its use on merchant ships, the red ensign moved with widespread international recognition to the position of our flag abroad, replacing the Union Jack. This was written into law in 1924. At home it is our national flag by authority of an order-in-

council dated September 5, 1945.

Canada is coming by its national flag as it has come by so much of its unique nationality: slowly and gradually, by evolution rather than revolution; we should be thankful for that anyway, and as we go forward, whether under a flag of a different colour and design or the red ensign, we realize that patriotism is not enough, we must have no malice toward anyone; and peace rules the day where reason rules the mind.

There are people in the hundreds of thousands who know it was a mistake not to get either more schooling or more training. Well, any time we find we've made that mistake if we will face up to it, it can be an asset. With 10, 20, 30 or even 40 years of work years ahead get more training now. Thousands are doing it. There are people to teach, textbooks to study and classes to attend. Many universities report that they have more students enrolled in night classes than in day classes.

Which goes to show that some people do learn from their mistakes and are in the same team as **Operation Reliance**—which means they are very up and coming. **Operation Reliance**, though many of its employees are in wheel chairs, some are double amputees and all are very severely handicapped distributed \$466,000 in wages, to employees who had they not had jobs would have received \$217,000 in social assistance—which goes to show that one's own wages are better than handouts.

Something else interesting about **Operation Reliance**. Last year they lost 60 per cent of their employees to other firms, willing to give their handicapped **but skilled** men more highly paid jobs. **Operation Reliance** is very proud of that.

TB and Not TB

## A WOMAN'S THINKING SHOWS IN HER FACE

By Josephine Lowman

The ways in which a woman thinks of herself is perhaps the greatest factor of all in determining how rapidly she ages.

If she feels old, she probably will age swiftly. If she thinks of herself as youthful, she is apt to be so, no matter what her age. Of course I believe that the way we think of ourselves has an effect on our glands and body chemistry in some sort of magical way which cannot be demonstrated.

Be that as it may, there are many observable ways in which a woman's thinking shows. It shows in her posture, in the way she carries her head, in the way she walks. I have known many women who were extremely young for their age with a firm contour and lack of wrinkles, but who gave their age away immediately by the way they moved and walked and by their mannerisms.

A woman's thinking also shows in her face. It is either lighted up with interest and humor and an alive expectant quality, or it is tense, dour, or calm and resigned depending on the way she thinks of herself. A woman may think of herself as old and still be at peace with herself, but this attitude still shows in her facial contour and the light in her eyes.

The way a woman thinks of herself shows in her attitude toward new fashions, new books, new ideas, new experiences, new cosmetic ideas and new friends. If she has the "I am too old" outlook she neither will try nor enjoy any of these but will settle into her safe and comfortable and aging niche.

If a woman thinks of herself as youthful, life always will be an exciting adventure. If she thinks of herself as old, the horizons will close in on her. It is just as simple as that. Whether or not she is thinking in terms of the present and the future rather than the past is also an accurate age indicator.

It is difficult for a woman from middle age on not to fall into the habit of thinking of herself as old because age consciousness has such a strangle hold on so many of her friends and acquaintances.

It is too bad that anyone "thinks old" when the world is so exciting and so much more is being discovered about nutrition, exercise, figure molding and mental health; when the life expectancy is being increased, and one by one the crippling diseases of middle and later age are being conquered!  
—The Link

Boredom is often regarded by the patient as the greatest hardship of the rest cure; we may define it as the mental "saturation point". But let us not forget that boredom is entirely relative to the person himself and not to the outside world.

Sir Fopling in the old comedy is bored to tears in the midst of the gayest society in London, while his contemporary Robinson Crusoe never spends a dull moment on his desert island.

Champagne and white lights and gay music are not essential to the survival of an interest in life; in fact some people even report that the pursuit of ideas—scientific, aesthetic, philosophic — is more exciting than a gallop with the hounds.

Robert Louis Stevenson in writing his essays found the thrill in tracking down exactly the right word to its lair in the dictionary.

Such resources of the modern sanatorium as a well stocked library and vocational instruction can do much to overcome the initial inertia of a patient.

—N. J. H. Fluoroscope.

History is like golf—regardless how much we practice we can't stay out of the rough.

When the going seems easy, check to make sure you are not going downhill.

If you want to be original be yourself; God never made two people exactly alike.

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# Chaplain's Corner

Very Rev. J. H. Durney



If we are asked calmly but persistently in what way Christian charity is most frequently violated, we may give all sorts of answers. Many of these would be merely an evasion of the real issue, for deep down within ourselves we know that we most often fail against charity by our words. We know very well the subtle overtones and insinuations

that are intended by our obviously innocent words; we hear and sense the barbs, the mockery, the dishonesty in the words of others.

This is nothing new. It is as old as mankind. Words are the cherished privilege of man. Their abuse is as old as the human race, and so is their good usage. Poetry has been and is written about the power of a kind word. A word is the external communication of a man's interior thought. The beauty and power of human words becomes obvious when we reflect that the eternal Word of God is enshrined in the Sacred Scriptures and has become man in the humanity of Jesus Christ. It is precisely because this power and beauty of words are so great that their abuse is so harmful and destructive.

Words are means of communication and fellowship. They can heal, console, bless. But they can also hurt, destroy, ruin. They are like a two-edged sword that cuts both ways. We must therefore exploit their power for good and avoid using the edge that destroys.

St. Peter in his first Epistle says this:—"He that would love life and see good days, let him refrain his tongue from evil, and his lips that they speak no deceit." This, however, is more easily said than done, and is not the full solution. Words are only external expressions of our internal thoughts. If we want to control our words we must first control the underlying thoughts. St. Peter knows this very well, and so he is quick to add: "Let him turn away from evil and do good, let him seek after peace and pursue it."

Here lies the real difficulty. Our thoughts are ourselves. Therefore, to control our words means to control our whole selves, to order ourselves in the right relationship to God and through Him to our fellowmen. When looked at from our point of view this

may at times appear undesirable and we are strongly inclined to express ourselves in a manner harmful to our neighbor. By doing so, however, we forget our basic dependence on God, our total commitment to Him. It is this dependence and commitment which gives us the virtue of justice, or makes us "just" in the eyes of God. Such a commitment gives us an entirely different point of view, and so St. Peter adds:—"For the eyes of the Lord are upon the just, and His ears unto their prayers; but the face of the Lord is against those who do evil."

As a matter of fact the proper attitude toward and the control of our tongue and words is so necessary that unless we master them there is really no use in coming to the next meeting. At least that is what Christ tells us:—"Therefore, if thou art offering thy gift at the altar, and there rememberest that thy brother has anything against thee, leave thy gift before the altar and go first to be reconciled to thy brother, and then come offer thy gift."

And wooed by the gentle balmy breeze  
The buds were bursting on the trees,  
And the odor of balsam was wafted wide —  
Far and away o'er the countryside.

The birds poured forth their tuneful lay  
As if with me they longed to say,  
"Rejoice! Be glad! And have no fear,  
The winter's past! The spring is here!"

My heart was still as I looked around—  
The Creator's power in all I found;  
And my voice rang out in a song of cheer—  
"Earth's Resurrection Day is here."

—May C. Smith  
via Ideals.

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# Tuberculosis Knows No Boundaries

## TB IN THE SOVIET UNION

In Russia during the last century tuberculosis was the cause of death of one person in every seven. Before 1917 the mortality due to the tuberculosis was still one of the highest in Europe. Now, every year, there is a considerable decrease in the number of fresh cases of the disease, especially in towns. For the last ten years the number of such cases has been almost halved. The reasons for this spectacular decline are both the improvement of social conditions as well as the vast special machinery to deal with tuberculosis.

In January 1962 the USSR had 6,000 tuberculosis dispensaries, 3,000,000 hospital and sanatorium beds, 17,000 phthisiologists and 19 research institutes in the field of tuberculosis. Special attention is paid to early case finding. Each year since 1961 about 120 million people have thus been examined by miniature chest radiography. In addition to early case finding combined with institutional and out-patient treatment, there is systematic vaccination of the younger generation before they are exposed to infection.

## IN BOLIVIA

One out of every eleven persons in Bolivia suffers from active tuberculosis which is that country's public enemy No. 1.

As a result of this tremendous amount of TB infection, the Bolivian government began an all out battle against tuberculosis last May.

The government under Health Minister Guillerma Jouregui has intensified, to the utmost, the tuberculosis and general health education programs to inform the public about the cause of tuberculosis and how it is spread.

Tuberculosis patients at the Bronchial-Pulmonary Hospital in La Paz, the country's capital, think nothing of departing from the hospital for the city's streets to seek work or company with old friends, thus spreading their germs to everyone with whom they come into close contact.

The city's bus riders frequently find themselves sitting next to an inmate of the hospital who has decided "to take some fresh air" outside the hospital environs.

Education and treatment are only at intermediate stages but at least Bolivia is

making strides to conquer her number 1 enemy. Many Bolivians who would have died from TB five years ago are being cured today.

## IN CANADA

"My hope for World Health Day this year is that it will puncture our smugness about tuberculosis," Dr. C. W. L. Jeanes, executive secretary of the Canadian Tuberculosis Association, said on hearing that this year's theme is "No Truce for TB".

"The last year for which we have all the figures is 1962. In that year 785 Canadians died of tuberculosis and there were 6,284 new active cases. Is this something we view calmly? After all, tuberculosis is a communicable disease. It is, therefore, a community problem in which every honest citizen has a responsibility." Dr. Jeanes continued.

"What should be faced squarely is that, if Canadians were making full use of all the tools available for diagnosis and treatment, we should, by this time, have no deaths from tuberculosis. Full use has not been made of the tools," he said.

In recent years, there has been a fairly steady stream of reports of small epidemics. Very frequently they have involved schools. This causes great concern on the part of parents. It has even been known to cause panic and a drop in the property values in the area.

"The mystery to me," said Dr. Jeanes, "is that this causes other communities to count themselves lucky, but it does not seem to cause them to look around to see if, by any chance, their people are running the same risk".

—Contact.

Never miss an opportunity to make other people happy, even if you have to leave them alone to do it.

Jones was sitting with his wife behind a palm on a hotel veranda late one night, when a young man and a girl came and sat down on a bench near them. The young man began to tell the girl how pretty she was.

Hidden behind the palm, Mrs. Jones whispered to her husband. "Oh, John, he doesn't know we're here, and he's going to propose. Whistle to warn him."

"What for?" asked Jones, "Nobody whistled at me."

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## Old Timers

If it had been pictures instead of news we asked of Anne Marie she surely could have filled that order, too. Such a busy photographer she was at Apple Blossom time when Queen Annapolis and her twelve princesses visited the San. Of course Anne Marie as well as all the other San people had a very special interest in the royal party this year, the Queen being our own Marilyn Barnes of the San stenographic staff. We were proud of Marilyn, but not a bit surprised when she won the crown—after all, she's been winning our hearts with her warm, lovely smile ever since she came here.

Victor Walker, who came here in 1956 from Bridgetown, visited at the San and said that after a few years doing body work in a Middleton garage he was leaving at the end of May for Toronto.

Florrie Moulaison's many friends will be glad to hear good news of her. Florrie, formerly of Surrette's Island, left here in 1960 and went to Labrador to work. There she met and married Don Faulkner a year ago. On May 15 a baby girl was born to the Faulknors.

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We note with pride that at the Spring Convocation of St. Anne's College, Church Point, Desire D'Eon was honored with the degree of Doctor of Sciences Socialies. Desire, who was a patient here in 1952, edits the only French newspaper in Nova Scotia, *Le Petit Courier*, at his home in West Pubnico. He will be remembered by many as announcer of radio station S.A.N.

Pauline Meek came in from her home in Canning, Kings Co., for her check-up. She now has a family of three, all born since she left the San in 1959.

Joan Walker tells us that when she attended the recent production of "My Fair Lady" at Acadia University, she saw Vi Joudrey there. Vi, who came to Canada as a war bride, was here in 1949. She is getting along fine, and is working in Kingston. Last year she had a trip back to her native England.

Father Durney journeyed to Sydney to see "South Pacific", which was sponsored by the Sydney Rotary Club. While there he

ran into some Old Timers and kindly passed along news of them. He had a chat with Lloyd Taylor on the phone. Lloyd, who returned home to Sydney just last year, is feeling fine and is now working mornings on Tv. and afternoons with radio. We are happy to hear he is engaged in the work for which we know he is so well fitted. Good luck, Lloyd. Father Durney also saw Keillor Bentley, who is now in charge of the Alexander Graham Bell Museum in Baddeck. He saw, too, Old Timer Cecilia McPhee Darnsborough, who had been radio operator at Station S.A.N. back some years ago. Come to think of it, so had Keillor Bentley during his stay here.

Mary Huntley, who returned to her home a year ago, came to the San to visit her young son Archie. She is looking very well and able to do her own work now.

Dr. Rostocka tells us of hearing from Mrs. Harriet Robertson, R.N., who retired from the San nursing staff some little time ago. She lives with her daughter in Ottawa now, but at the time of writing was in the Ottawa Civic Hospital. We send greetings to Mrs. Robertson and best wishes for her quick and full recovery, and wish to tell her that many ex-patients returning for their check-ups ask for her.

Alex Worobel, who was here in 1953, is still carrying on his tailoring business in Sydney. His health is excellent, and he is very busy; in fact he says: "How about sending me a good looking seamstress to help."

Hugh Cook, who left here just three months ago, came in for his check-up from his home in Truro. He says he sees Ivan McLaughlin there, that Ivan is working, but takes time off to go fishing. He also had news of Lorne "Buddy" Marsman, who is now taking a course in Halifax.

Alex DeYoung, who was here in 1954, now lives at Lakeside, Halifax County, and works at the C. P. Telegraph office.

Listening to "Neighborhood News" on the radio one Sunday in May, we heard an interesting story about a picture of a team of oxen taken by an American touring last summer in Digby County. The tourist mailed the picture to the postmaster at Church Point, saying he wished it to be given to the owner of the oxen, but as he did not know the name of the man nor where he lived, that presented a bit of a problem. The postmaster, by dint of some detective work, discovered the owner to be a man in Little Brook, and duly presented him with the picture of his oxen. This resourceful postmaster is none other than our old friend

(Continued on Page 26)

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# INS and OUTS

## Admissions N.S. Sanatorium

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Charles Floyd Cosman, North Range, Digby Co.; Edith Norma Douglas, Tidnish, Cumb. Co.; Robert Harold Guest, 25 Cumberland St., Yarmouth; Russell Lowell Hines, 122 Main St., Yarmouth; Raphael Gilmore States, Avonport, Kings Co.; Mrs. Mildred Lulu Fancy, Watford, Lunenburg Co.; John Alexander Walker, Mount Denson, Hants Co.; Mrs. Evelyn Clark, Enfield, Hants Co.; Barbara Elizabeth McBay, RR 3, Wolfville, Kings Co.; Vel Glowhoff, 2449 Windsor St., Halifax; Dominic Joseph Harding, Barton, Digby Co.; Ronald Lee Bond, Lakeville, Kings Co.; Charles Ernest Fenton, Kempton, Col. Co.; Philip Anthony Green, RC AF Station, Greenwood, Kings Co.; Ronald MacDonald Hamilton, RR 4, Hebron, Yarmouth Co.; Mrs. Cecilia Rose, New Minas, Kings Co.; Bernard Percy Prest, Caribou, Pictou Co.; Horton Weelock Phinney, Lawrencetown, Anna. Co.; Mrs. Norva Oliver, East Jeddore, Halifax Co.; Mrs. Mary Mae Gaudet, 5483 Inglis St., Halifax; James Patrick Butler, Sheet Harbour, Halifax Co.; Clarence Charles Usher, 28 Rufus Ave., Fairview, Halifax Co.; Stanley Freeman Brown, Caribou Mines, Halifax Co.; Lillian Anne Cameron, Caribou River, Pictou Co.; Vernon Lorne Clattenburg, Mooselands, Halifax Co.; Mrs. Rose Antoinette Sangster, New Harbour, Guys Co.; Mrs. Nancy Alma Horner, 152 Main St., Yarmouth; Mrs. Greta Adena Osborne, South East Passage, Halifax Co.; Simon Albert Dorant, Pomquet, Antigonish Co.; Mrs. Elizabeth Shirley Wilkins, Commercial St., Middleton; Leonard John Raymond, Salvia House, Digby; John Thomas Pye, 75 Maitland St., Halifax; Louis Thomas Stevens, Bishopville, Hants Co.; Joseph James Campbell, RR 1, Wolfville.

## Discharges N.S. Sanatorium April 16 to May 15, 1964

Tessa Othillia Gollan, Hantsport, Hants Co.; Mrs. Rose Antoinette Sangster, 260 Creighton St., Halifax; Ralph Leander Mason, 156 Broad Street, Lunenburg; Charles Courtney Dort, Half Way Cove, Guysboro Co.; George William Finck, 5013 Woodbine Ave., Halifax; John Alexander Walker, Mount Denson, Hants Co.; Lois Lorraine Beals, North Preston, Halifax Co.; Charles Ernest Fenton, Kempton, Col. Co.; Ruby May d'Entremont, Lower West Pubnico, Yar. Co.; Keith Douglas Crowe, 162 Vimy Road, Bible Hill, Col. Co.; Marilyn MacKinnon, 1178 Queen St., Halifax; James Joseph Schrader, Victoria Road, Halifax Co.; Mrs. Cecelia Rose, New Minas, Kings Co.; Dr. Gerd A. Kloss, Staff, N.S. Sanatorium, Kentville; Alphonse John MacEachern, 30 Cornwallis St., Kentville; Conrad Constantine Black, Africville, Halifax Co.; Joack Smith, Terrance Bay, Halifax Co.; Dominick Harding, Barton, Digby Co.; Mrs. Rosemary Taylor, 84 Gaspereau Ave., Wolfville; Stanley Freeman Brown, Caribou Mines, Halifax Co.; Donald Charles Usher, 3 Wallace St., Dartmouth; George Richard Ayling, Foster St., Berwick, Kings Co.; Mrs. Lydia Gladys Rafuse, Parker's Cove, Annapolis Co.; Mrs. Sarah Jane Densmore, East Noel, Hants Co.; Mrs. Irene Marcella Malcolm, Baddeck, Victoria Co.; George Angus Brittain, Hilltown, Weymouth, Digby Co.; John Hood, 68 Lake Front Road, Dartmouth; Bernard Percy Prest, Caribou, Pictou Co.

## YUKON

There's a land where the mountains are nameless  
And the rivers all run God knows where;  
There are lives that are erring and aimless.  
And deaths that just hang by a hair;  
There are hardships that nobody reckons;  
There are valleys unpeopled and still;  
There's a land—oh, it beckons and beckons,  
And I want to go back—and I will.

—Robert W. Service

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 Flow on, O famous Avon, until your course  
 is run,  
 Sparkling 'neath the fingers of the summer  
 sun.

O mighty river in the gloom of wind and  
 rain,  
 Creeping up high banks, whose heights you  
 slowly gain;  
 Crashing, splashing loudly in upon the  
 trembling sand,  
 Causing floods and ruin and reclaiming  
 parts of land.  
 Go on, O rugged river, as your foaming  
 breakers roar,  
 Echoing for miles as you lash the muddy  
 shore.

O silent Avon, choked with massive ice and  
 snow,  
 Stopping all the vessels as into port they go;  
 Piling ice upon the beach as you struggle  
 through,  
 Making sea life dangerous because of what  
 you do.  
 Flow on, O choking river, take your ice back  
 out to sea,  
 Flow in, O springtime waters, bring peace  
 again to me.

—Patricia Walker,  
 Affiliate Student,  
 P.M. Hospital,  
 Windsor

Out of the mouths of babes often come  
 things their parents should never have said  
 first.

The caged bird that sings all the time is  
 not captive.

A song in the night is worth two in the  
 day.

A man's character is like a fence; it can-  
 not be strengthened by whitewash.

The difficulties of life are intended to  
 make us better, not bitter.

The hardest time to disguise your feelings  
 is when you're putting a bunch of relatives  
 on the train.

Most filling stations today collect taxes—  
 federal, provincial and local; they also sell  
 gasoline.

## THE NECK X-RAY

Was called to the X-ray department one day,  
 I knew not what for as they didn't say.  
 I stood by the door and waited a while  
 They said that Doc Crosson would come  
 with a smile.

The Doc came along and said "come inside"  
 Upon a big stool he then raised me on high  
 He straightened my shoulders while I rolled  
 my eyes,  
 He twisted my neck and I gave a cry.

I stood up and shook, my knees they did  
 bend,  
 For there in a doorway stood two gentlemen  
 I then turned my head and looked at the  
 signs  
 From what I could read one's name was  
 John Hines.  
 He looked very tall in those white coveralls  
 And he really did scare me as I'm very  
 small.

Then out of a dark corner came young Bill  
 Mansfield,  
 He looked at me shyly and said "How do  
 you feel?"  
 Into the next room he bade me to come  
 And offered a chair until we had begun.

Then on a big table I had to lie down,  
 Some pictures were needed of my aching  
 neck.  
 My mouth was then opened, my teeth taken  
 out,  
 What hung above me was just a light speck.

They turned on the glow and pulled me  
 aside;  
 Some measures were taken, I guess for  
 right size.  
 As my legs were bent and my knees also  
 swelled  
 It made it quite hard for those two guys to  
 tell  
 What result they would get from this x-ray  
 of me,  
 Perhaps Dr. Crosson would need to come  
 see.

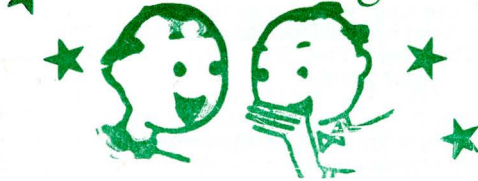
I was glad it was over and to be on my way  
 As my butler was waiting with my ricksha.  
 Through the hallway we went, the long tun-  
 nel, too,  
 Then up to the third floor where my troub-  
 les were through.

—Evelyn LeBlanc, III West

It matters not how strait the gate,  
 How charged with punishments the scroll,  
 I am the master of my fate:  
 I am the captain of my soul.

—W. E. Henley—Invictus.

## Just Jesting



"Come, come, come," said one who was wide awake to one who was fast asleep, "Get up, get up; don't you know it's the early bird that catches the worm?"

"Serves the worm right," said the grumbling sleeper; "worms shouldn't get up before the birds do."

A loud explosion rocked the Albany area and an indignant woman telephoned a newspaper to find out what happened. A reporter said he thought a jet plane had broken the sound barrier. "If that barrier keeps getting in everybody's way," she snapped, "why don't they take the thing down?"

Two little boys were gazing at a zebra in the zoo. "What a funny animal!" said one. "What is it?"

"I don't know," replied the other, "but I think it's a sports model donkey."

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Joe: "More than 5,000 elephants go each year to make our piano keys."

Moe: "Really? Well, it's remarkable what those beasts can be trained to do."

Notice on bulletin board in a Washington bureau: "Employees in this section will take their sick leave in June and July according to the schedule below."

An elderly lady called a local telephone office and said: "My telephone cord is too long. Will you pull it back about two feet at your end?"

A drunk got on a Main Street bus and sat down beside an elderly and whitehaired old lady.

"You may not know it," said the old lady, "but you are going straight to hell, young man."

The drunk jumped to his feet and yelled to the bus driver, "My gosh, let me off. I'm on the wrong bus!"

Tolerance: That uncomfortable feeling that the other fellow may be right after all.

Miss Skerry: "The new patient is very good looking."

Miss Wilson: "Yes, but don't bother to wash his face. He's already had that done by four nurses this morning."

A midwestern newspaper heads the list of births, marriages and deaths briefly: "Hatched, matched and detached."

Like a hurricane, rumor breeds only where and when conditions are right.

"I'll never go anywhere with you as long as I live."

"And why not?"

"You asked Mrs. Jones how her husband was standing the heat, and he's been dead two years."

Rookie: "I have a pain in my abdomen."  
Army Doctor: "Young man, officers have abdomens, sergeants have stomachs. You have a bellyache."

Steno May: "Honey, I saw you and your date at the Club last night. Where did you get that gorgeous mink you were wearing? Why, I've been struggling for years to get one of those."

Steno Fay: "Just take a tip from me, Dearie . . . don't struggle!"

When the newlyweds boarded the train, the embarrassed groom tipped the porter liberally to not disclose that they were just married. Next morning, on the way to breakfast in the diner, they were greeted with many grins, stares and craning necks. Furious, the groom upbraided the porter.

"Nassuh, Boss," George replied, "Ah didn't tell 'em. When they asked me if you was just married, Ah says, 'No suh, dey is just chums'."

"Don't worry" is a good motto. So is "Don't worry others."

Remember, these trying times will be the "good old days" in just a few years.

Adversity introduces a man to himself.

There is no education like adversity.

—Disraeli

The eternal stars shine out as soon as it is dark enough.

—Carlyle

The busy have no time for tears.

The heart is never neutral.

**CRACKER BARREL (cont'd.)**

laboratory. The back of the program carried an ad for the Christmas number of "The X-Ray" (the first name for Health Rays). The ad stated, "It is brimful of humor, readable dope, a group picture that's a corker, and, Oh Boy! . . . it's got SOME Cover!" On sale at Ross' and Morton's Bookstores. Fifteen cents per copy.

A May 17, 1934 clipping indicated that Dr. A. A. Giffin (now a senior physician and surgeon in Kentville) was resigning to do postgraduate work in Montreal. New appointments to the staff as resident physicians were Dr. D. M. McRae (now Bronchoscopist here) and Dr. J. S. Robertson (now Deputy Minister of Public Health). One of the two new interns was Dr. E. M. Found of New London, P.E.I. (now Director of Tb. Control for P.E.I. and this year President of the Canadian Tuberculosis Association.)

Tempus Fugit.

**TUBERCULOSIS (cont'd.)**

a single brief exposure to measles, for instance in a susceptible individual, will usually result in the development of that disease. In tuberculosis, multiple small exposures to the germ are much more serious than a single large exposure. It is known that tuberculosis occurs more often in underprivileged people, living in crowded conditions or in slums, but it is no respecter of persons and anyone can develop the disease. The germ enters the body by inhalation or ingestion.

Mycobacterium tuberculosis is extremely difficult to kill outside of the body and is quite a hardy organism. It can withstand dry heat at 100 degrees C for one hour. It is resistant to cold. The comparatively high powers of resistance of the bacillus are attributed to the protective qualities of a waxy cell membrane which surrounds it. Five per cent carbolic acid kills the bacillus in a few minutes when the germ is in pure culture form, but if carbolic acid is used for sputum disinfection where the bacilli are protected by mucus and other material in the sputum, complete disinfection requires five to six hours. Direct sunlight can kill the bacillus in a few hours. A healthy individual cannot defend himself against exposure to tuberculosis, but the victim can protect his fellow man if he will always cover his mouth and nose properly when he sneezes or coughs, and if he expectorates in a suitable container which can be burned.

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**TB CONTROL SERVICE (cont'd.)**

out the patients' lifetimes. The Health Units are involved in case finding by, a) the examination of known contacts of all cases of tuberculosis, b) tuberculin testing and x-ray examinations of population groups or suspected cases, c) encouragement of general hospitals to maintain a hospital admission chest x-ray examination program at a high level of efficiency. The Units also provide supervision of cases of tuberculosis undergoing convalescent drug treatment at home. Anti-tuberculosis drugs are made available to patients free of charge through the patients' family physicians. Regular chest clinics are held throughout the Province and tuberculin is provided free of charge to physicians through the Health Unit offices.

The Nova Scotia Tuberculosis Association and its local branches provide a very valuable voluntary service which works very closely with the official agencies. Educational literature and films are provided at no charge. Rehabilitation of convalescing patients is assisted. Contributions are made to research programs related to diseases of the chest. The Association's biggest effort is expanded upon the finding of new and unsuspected cases of tuberculosis by means of surveys. Two to five tuberculin test survey teams are maintained in the field by this splendid voluntary organization.

The central office of the Tuberculosis Control Services is maintained at the Nova Scotia Sanatorium where the Administrator serves also as the Medical Superintendent of that institution. Here has been established a Tuberculosis Index which is a miniature composite of the local Tuberculosis Case Registers. Here, also, are compiled monthly and annual statistics regarding morbidity, mortality and treatment. It serves the Health Units as a source of supply of antimicrobial drugs, tuberculin and survey equipment. A chest x-ray film developing service and an x-ray interpretation service are provided for Health Unit and Survey Directors. In addition, there is released from the Sanatorium a monthly statistical newsletter and an annual report of tuberculosis control activities in the Province.

Yesterday is a cancelled cheque—tomorrow is a promissory note—today is ready cash—spend it wisely.

Necessity has no law.

**OLD TIMERS (cont'd.)**

A. P. (Albert) Melanson, who was a patient here in 1945. Incidentally, the oxen were "Spark" and "Brown".

During a visit to New Glasgow recently your Old Timers editor had a nice chat with Yvonne Rogers, who was here for surgery a few years back. Yvonne is very well, and lives at home with her mother, and maintains a lively interest in the acquisition and restoration of old furniture.

When Dr. Hiltz attended the annual meeting of the Nova Scotia Tuberculosis meeting in Halifax in May he met many old friends who are Old Timers. Alfred Milner, immediate past president, was there from Amherst, as was Joe LeBlanc, a delegate from Yarmouth. Dave and Lou (Colchester) Barrington attended from Sydney, where Dave is with an investment firm, and has been elected president of the C. B. East Tuberculosis Association. Vivian Flewelling of Aylesford was there as a member of the executive, and Theresa d'Entremont, an old thoracoplasty, was there to tell about the Heaf testing she is conducting on the Western Health Unit of N.S. She is the wife of Allan d'Entremont, a former editor of Health Rays. Guest speaker at the luncheon was Dr. C. J. W. Beckwith, former patient and Assistant Medical Superintendent of the Sanatorium.

**PATIENTS' PARTY**

A bingo party for the patients of the Sanatorium was held in the recreation hall May 19 sponsored by the Catholic Women's League, Kentville.

The director of rehabilitation, F. G. Barrett, introduced the president, Mrs. M. J. McDonald, convener Mrs. C. H. Guild, and her committee, Mrs. H. H. Stokes, Miss Nell Rooney and Mrs. M. H. Wood.

During the evening prizes were awarded by Very Rev. J. H. Durney. After the play, special prizes were awarded to Mrs. Jane d'Entremont, Miss K. McLean, Mrs. M.

Martell, Mrs. Pat Schofield, Thomas Brooks, Waldo Burgess, Curtis Gaul and Laurie McKenzie.

Refreshments were served under the supervision of Mrs. Roland Lockhart and her staff.

The party was brought to a close with a sing-song led by Mrs. Elsie Byers.

**CLOTHES GET THE BLAME**

Recently we met a chap from one of the new African states. He was extremely intelligent and well educated and I started out by saying that I believed his country had applied for membership in the International Union Against Tuberculosis and could he tell me anything about the seriousness of the disease there.

He said at once that they had no problem at all until they had been forced to wear clothes. He didn't know whether it was because they wore their clothes so long that they were dirty and caused disease or what, but the clothes and tuberculosis had gone together.

If there was ever a statment about tuberculosis which rocked us, that was it. Momentarily we gaped, then recovered enough to explain that it was a respiratory disease, passed from person to person by those breathing out or coughing up germs. He looked mildly interested.

Thinking about it later our conclusion was that his ideas might be mistaken but they were not unnatural. Until the coming of the Europeans, who insisted on clothes, his people had probably been so isolated that they were not infected. They were like the Indians of North America before the coming of the white man.

The clothes and tuberculosis came together. No wonder they were joined in peoples' minds. This young fellow's field was radio. He probably had never had a lesson on TB in his life. So he accepted what people said.

Here's hoping we broke through.

—TB and Not Tb

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