

NOVA SCOTIA SANATORIUM

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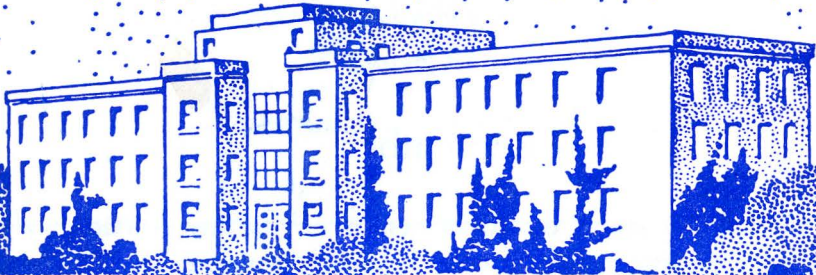
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Sanatorium Visiting Hours

DAILY: 10.15 - 11.45 A. M.

DAILY: 3.15 - 4.45 P. M.

DAILY: 7.30 - 8.30 P. M.

Absolutely no visitors permitted during

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

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

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>
Student Chaplain	<i>Lic. Henry Sharom</i>
Lay Visitor	<i>Mrs. Hance Mosher</i>
Christian Reformed—Minister	<i>Rev. J. G. Groen</i>
Pentecostal—Minister	<i>Rev. C. N. Slaunwhite</i>
Roman Catholic—Parish Priest	<i>Rt. Rev. J. H. Durney</i>
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United Church—Minister	<i>Rev. K. G. Sullivan</i>
Sanatorium Chaplain	<i>Rev. J. D. MacLeod</i>

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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APRIL 1966

No. 4

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



Patients are asked to help us keep the Sanatorium as clean as possible by not smoking through the hallways and tunnels on the way to the dining room. Smoking is permitted in the patients' rooms, in the T.V. sitting rooms and in the dining room and, of course, out-of-doors. The fire marshal absolutely forbids smoking on elevators due to the

danger of fire starting in any trash which may have collected in the elevator shaft (we try to see that none collects there). In any case, cigarette ashes and butts around the floors and stairways make a very untidy appearance which none of you would tolerate in your own homes. Better still, give up smoking. But if smoke you must, we have provided safe areas for smoking from the fire-hazard point of view if not from the health-hazard angle.

* * * *

Further renovations of the patients' bathrooms in the East Infirmary are underway with the the tiling of the walls and modernizing of mirrors and shelves. This will make it possible for us to keep these areas brighter and cleaner. I am sure that all patients in the East are glad that they put up so cheerfully with the inconveniences they suffered while these changes were being brought about.

* * * *

Scientific investigations continue to link smoking with many serious health hazards such as lung cancer, bronchitis, emphysema, coronary artery heart disease, and cancer of the bladder.

In Israel a recent study revealed the startling fact that one out of every forty chain-smokers of cigarettes dies of lung cancer. The risk of death from lung can-

cer, therefore, is 81 times greater for the chain-smoker than for the non-smoker.

* * * *

Miss Skerry, charge nurse on our surgical floor, Dr. Holden and Dr. Quinlan, have received considerable acclaim for their article on "Peritoneal Dialysis" which has just appeared in the March issue of the Canadian Nurse. Congratulations to them for this fine piece of work, not only in writing the article but in actually carrying out this life-saving, meticulous, procedure which occupied a period of almost two months for one of our patients about a year ago.

* * * *

Sorry to mention smoking three times in one issue of the Cracker Barrel. Within the past two months two patients have fallen asleep at night while smoking and have burned a hole through considerable hospital linen. They were both very fortunate that they were not burned seriously themselves. It is not very many years since a very good friend of mine a physician who was on the staff of another hospital in Nova Scotia and a previous member of the staff of the Nova Scotia Sanatorium, was found burned to death in his sleeping compartment aboard one of the Canadian National trains. Smoking in bed presents a real hazard to the smoker but, in a hospital, it presents the added risk of setting fire to a building with the attendant danger to all the occupants. For the sake of others, then, as well as yourself; do not smoke just before going to sleep, do not smoke in bed if you have taken a sedative of any kind; do not be annoyed if your roommate asks you not to smoke in bed — his or her life also depends on what you do in regard to this matter.

* * * *

On the evening of March 7, the Valley Branch of the Nova Scotia Institute of Science met in Miller Hall. About twenty-five members were present to hear Dr.

(Continued on page 9)

Some Methods of Chest Roentgenology

F. J. Misener, M.D.
Radiologist,
Nova Scotia Sanatorium

It has been said, and rightly so, that the stethoscope is an extension of the physician's ear. In like manner it can be said of roentgenology; the X-ray is an extension of the physician's eye. Proper X-ray examination of the chest involves the use of many techniques. The purpose of this article is to outline briefly and explain some of these procedures, so that those of you who may have to undergo one or more X-ray examinations will have at least an idea of what is being done and why it is necessary.

Many new patients and some of those who are re-admitted require complete investigation and are told by the physician in charge that part of it will include a standard postero-anterior, lateral, lordotic film, bronchogram, or planigram in the X-ray department. To the uninitiated or new patient this means little in itself, and he or she will often turn to a porchmate for some enlightenment as to the details of what will happen. On occasions, every known method of investigation is done in order to help solve the problem of diagnosing a particular chest lesion. In other cases, one or two examinations will suffice to gain all the information necessary.

The most commonly used X-ray diagnostic procedures are as follows, with a few words of explanation about each:

Fluoroscopy

The person being examined stands, or sits, before the X-ray unit, or in some cases lies on the table. The examination is then carried out in the darkened room by the radiologist, who has his eyes accommodated to see in the dark. A general inspection of the lungs, diaphragm, heart and blood vessels, is carried out in all phases of respiration and in all positions, so that maximum information can be gained in a short period of time. Any specific area can be studied in detail and, if necessary, spot films can be made at the time to record on film what the examiner sees fluoroscopically. Fluoroscopy is a scouting expedition as well as a diagnostic procedure.

Roentgenography

For most purposes technically satisfactory 14" x 17" films in the P.A. (Posterior-Anterior) and lateral positions are sufficient. If, however, a lesion is seen or is suspected of being hidden by part of the

bony thorax, that is, ribs, collarbone, spine, etc., then a lordotic film or, if necessary, stereoscopic film examination is indicated. A lordotic film reveals much of the apical area of the upper lobes that is hidden to some extent by the overlying bones. To take a film in this position, the patient leans back with the shoulders touching the film holder and the lower part of the body is moved out and away from the holder, so that an angle corresponding somewhat to the angle of the ribs is made, and areas of the lung not formerly so clearly visible can be seen. Such a film may clearly show a minimal lesion or a small lesion with cavity that was only suspected on the flat film.

All our routine admissions at this institution have a postero-anterior film and a lateral film the first time they arrive in the X-ray department. If it is necessary to take stereo films, then two films are exposed while the patient holds his breath. The second exposure is taken at a slightly different angle from the first. When these films are set up in a stereoscope, the third dimension of depth from the front to the back of the chest is clearly defined, that is, the chest assumes a barrel-like appearance and a thorough study and search is possible. It also enables the radiologist to locate the position of lesions in lobes or segments, and minimal lesions partly obscured or even hidden on the flat film can very often be seen and studied.

Lateral and oblique films are often made to clarify a lesion, locate its position, and observe it to better advantage particularly in instances where the density of thoracic structures because of atelectasis, effusion, etc., a film is over-exposes it impossible to see or interpret on the standard P.A. film. In some cases, because of the above-named factors, atelectasis, effusion, etc., a film is over-exposed by X-ray so that some of these conditions which are contributing to the obscurity of the lesion may be overcome.

Body section roentgenography or planigraphy: This is another diagnostic procedure used frequently in this institution to great advantage. It is used to show up structures and diseased areas that are normally obscured by overlying parts, that is, bones, blood vessels, bronchi, or are hidden because of the disease process it-

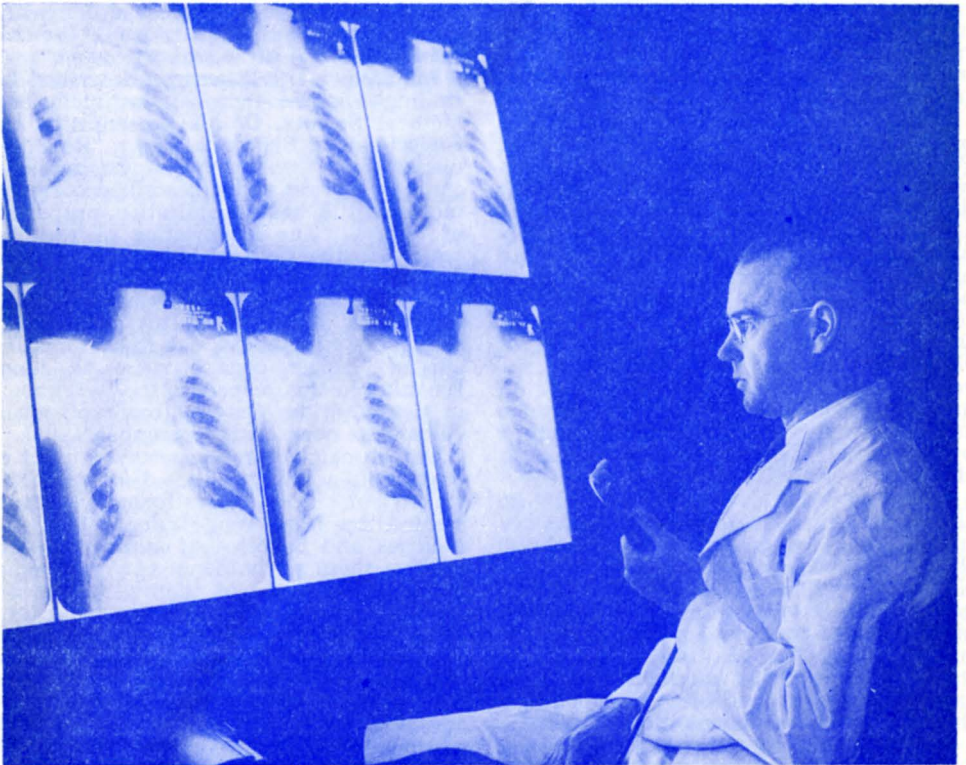
self. Cavities not visible on the flat or stereo films but existing in the centre of dense disease or under a thoracoplasty operation may be easily located in this manner. The relationship of all intrathoracic structures is much more clearly observed for study in a planigraphic series of films. The patient undergoing this examination may lie on his back, lie in a face-down position, on his side, or sit in the erect position. Films are then exposed at different levels, 1 cm. apart from the back to the front of the chest, or vice versa, or from the outer portion of the chest wall laterally in toward the centre of the chest. In this way, the details of a thin wafer or plane of lung is quite well defined; all other levels above and below are blurred out. To put it quite simply, the lung is sliced on X-ray film the same way one would slice a loaf of bread.

Bronchography: This is the study of the tracheobronchial tree by the introduction into it under local anesthesia of a contrast medium. The throat and tracheobronchial tree are anesthetized with 2% pontocaine. A laryngeal mirror is used to visualize the vocal cords and a catheter is

inserted into the trachea or main breathing tube and then into either the left or right main stem bronchus depending upon which part of the tracheobronchial tree is to be studied. The patient is then placed on the X-ray table and the contrast medium is injected through the catheter into the bronchopulmonary segments while being observed fluoroscopically. During the fluoroscopic visualization of the contrast medium entering the lung segments, spot films are made as required. At the completion of the examination, a standard 14 x 17 P.A. film and either a right or left lateral film is taken, depending upon which lung is under study.

Bronchograms are indicated to study the bronchi when bronchiectasis, bronchial tumours, lung cysts, bronchial stenosis (i.e., narrowing of the bronchi), or fistulas are suspected.

On occasion, it becomes necessary to visualize the outline of the esophagus, that is, the food passage to the stomach. Under fluoroscopic control, an opaque medium called barium is swallowed by the patient, and the examination is made in the lateral and oblique positions, to note whether or



Dr. Misener interpreting X-ray plates.

not a shadow seen on the X-ray film is the result of a lesion in the esophagus or is primarily a lung or bronchial lesion, or even perhaps displacement of some of the mediastinal or central structures in the chest due to heart enlargement.

Angiocardiology or the visualization of the blood vessels or the chambers of the heart and the large vessels going to and from the heart is another diagnostic procedure carried out by injecting a solution of opaque medium into a vein in the arm. It is seldom applied at this institution.

The number of diseases and conditions that affect the structures of the chest is very great. Many conditions have their origins primarily in the chest, while others originate in other parts of the body and cast their reflections in the chest. The methods of examination are multiple, and necessarily so. Those mentioned above are very frequently used and yield most to the radiologist and his confreres, the physician and surgeon, who have your best interests and welfare at heart.

When The X-Ray Was Discovered

X For Unknown, It was One Of the
Greatest Discoveries in Medical History

Because he did not know just what he had discovered, Roentgen called them "x-rays". Seventy years later "X-ray" is still the name in common use, although the medical world honors their discoverer by calling them "Roentgen rays". By what name you will, the x-ray, the Roentgen ray, is perhaps the greatest single instrument in the diagnosis and treatment of tuberculosis yet to be discovered.

Wilhelm Konrad Roentgen, born in 1845 in Lennep, Germany, was a Professor of Physics in the university city of Wurzburg, Bavaria, at the time of his great discovery. Along with his scientific work at the university, he cherished two hobbies, glass-blowing and photography. In his laboratory at home he carried out experiments with his hand-made vacuum tubes, of the type established earlier as the Crookes tube, passing currents of electricity through them. It was on November 8, 1895, while he was at work on his experiments that something strange and entirely new occurred, described thus by Haggard in his book **The Doctor in History**:

"Working in his darkened laboratory he (Roentgen) chanced to cover his Crookes tube with black paper to exclude light, then he turned on the electrical discharge. No visible light appeared, but the coated paper glowed with a ghostly light. He picked up the paper and turned its coated surface away from the tube. It continued to glow. He held his hand before it, and saw what no one had ever seen before—the shadow of the bones of his hand."

Pursuing his investigations, Roentgen discovered that these mysterious new light-rays, his "x-rays", could pass through

opaque substances of great thickness, like a plank, a heavy book. Because photography was an absorbing hobby with him, before long he introduced photographic plates into his experiments. He found it was possible to take pictures of bones and structures beneath the surface of the skin—and so the X-ray was born.

In January 1896 Roentgen described his findings before the Wurzburg Physical Medical Society. Of his presentation the Encyclopedia Britannica says: "Roentgen displayed the masterly thoroughness of genius. His first paper described correctly most of the basic qualitative properties of X-rays." The importance of the discovery to the field of medicine was recognized immediately. Its first application was naturally to bone diseases, but development of the apparatus before very long made possible its use in examination of soft tissue organs such as lungs. Its value in this respect is too well-known in a sanatorium for treatment of tuberculosis to need further emphasis.

Unfortunately for the peace of mind of Roentgen, word of the discovery had leaked out before it was formally demonstrated by him. Wild indeed were the theories and beliefs that sprang up concerning these phenomenal new rays. Haggard tells of some of them: "It was believed that it could be used anywhere, any time. An English merchant promptly advertised x-ray proof clothes for modest ladies. A bill was introduced into the legislature of New Jersey prohibiting the use of x-rays in opera glasses." A British newspaper wrote of them in this harsh vein: "We are sick of the roentgen ray. . . The consequence of which appears to be

M.L.A.'S VISIT SANATORIUM



Taken during the visit of members of the Humane Committee of the Nova Scotia Government, the above picture shows Dr. C. L. MacMillan, Baddeck, Mr. G. H. Fitzgerald, Halifax, Chairman of the committee, Dr. Paul Kinsman, Aylesford, Dr. Hector Pothier, Lower Saulnierville, and Dr. J. S. Robertson, Deputy Minister of Public Health, being introduced to HEALTH RAYS by Mrs. H. M. Mack, R.N., Director of Nursing, Nova Scotia Sanatorium.

Photo: McMurdo Studio

that you can see other people's bones with the naked eye, and also see through eight inches of solid wood. On the revolting indecency of this there is no need to dwell . . . Perhaps the best thing would be for all civilized nations to combine to burn all works on the roentgen rays, to execute all the discoverers, and to corner all the tungstate in the world and whelm it in the middle of the ocean. Let the fish contemplate each other's bones if they like, but not us."

Even the rhymsters of the day had a go at it, as in these verses:

X-actly So!

"The Roentgen Rays, the Roentgen Rays,
What is this craze?
The town's ablaze
With the new phase
Of X-ray's ways.
I'm full of daze,
Shock and amaze;
For nowadays
I hear they'll gaze
Thro' cloak and gown—and even stays,
These naughty, naughty Roentgen Rays."

The immediate and enthusiastic acceptance by medicine and surgery put an end to such lurid beliefs. In 1901 Roentgen received the Nobel prize for physics, and

world-wide acclaim as one of the greatest discoverers in medical history was accorded him. Such, however, was his simple and honest nature that publicity, which sometimes stemmed from error and dispute, distressed him, causing him eventually to retire from his chair and to live more and more within himself. He died in Munich at the age of seventy-eight, a lonely and isolated man but with a name of lasting fame.

EMH, *Health Rays*,
Nova Scotia Sanatorium.

CRACKER BARREL (Con't)

Quinlan give a paper on "Non-Tuberculous Lung Disease", Dr. Crosson a paper on "Chronic Bronchitis and Emphysema", and Dr. Holden give a paper on "The Role of Potassium in Human Health". This was our yearly contribution to the Institute which draws its membership from the Research Station in Kentville, Acadia University in Wolfville and the Nova Scotia Sanatorium. It is a privilege for us to participate in the monthly meetings of the Institute which covers all phases of science taught at the University and in the field of agriculture and health.

Question Box

J. J. Quinlan, M.D.



Q. What are the symptoms of a tuberculosis bowel? Is this form of tuberculosis contagious? What is the treatment for it?

A. Tuberculosis of the bowel has become a rare complication of the disease. It can exist in two forms, an extensive type seen in patients with extremely advanced pulmon-

ary tuberculosis and due to direct attack of the tubercle bacillus on the lining of the bowel when large quantities of infectious sputum are swallowed, and a more localized condition which is usually seen in the absence of any extensive lung involvement. In the period before antituberculosis drugs were available and when many individuals were dying of pulmonary tuberculosis, advanced tuberculosis of the intestine was a common complication and frequently hastened the end. Nowadays when even the most advanced case is quickly brought under control by drug treatment, such extensive involvement of the bowel is extremely rare. The one or two cases of bowel tuberculosis that we have seen in the past ten years have been of the second variety mentioned above where the lungs were either normal or where only a slight lesion was present. The symptoms in such cases would be those of bowel obstruction, crampy pain in the abdomen, nausea and at times vomiting. In some cases these local symptoms may be preceded by loss of appetite and weight, low grade fever and the complaint of not feeling well. The treatment involves the administration of the antituberculosis drugs and removal of the diseased bowel segment with re-establishment of intestinal continuity.

Q. Does a cavity mean a hole through the lung from front to back?

A. A cavity results when lung tissue is destroyed by the germs of tuberculosis. The products of this destruction rupture into a bronchial tube and are coughed up leaving a roughly spherical defect in the lung. If this destruction occurs near the extreme apex of the lung where the dimensions are smallest it is possible to have a cavity ex-

tending from front to back but in other parts of the lung the cavity is usually situated behind with a relatively normal lung in front. However, the tuberculosis can become so advanced if not treated, that the entire lung can be destroyed and be replaced by a giant cavity.

Q. Can you have cavities without infiltration, or do they go together?

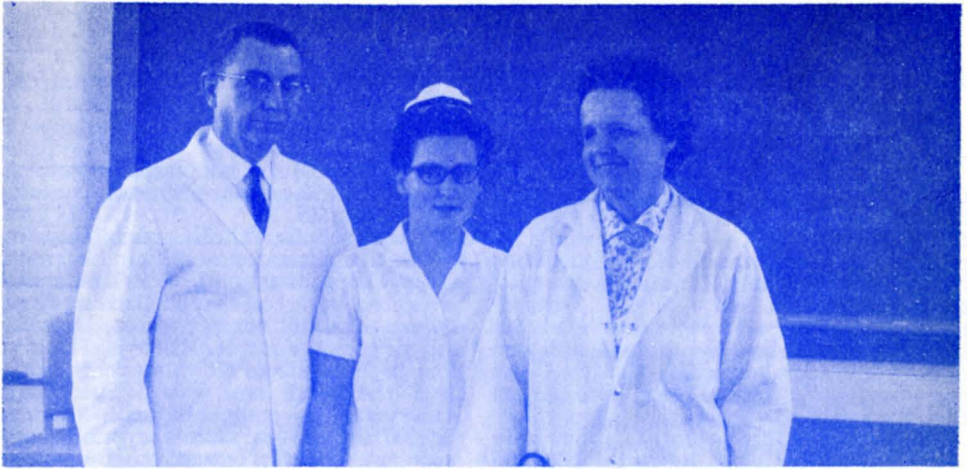
A. An infiltration may contain a cavity. The term is a very broad one employed by radiologists to indicate disease seen in the chest x-ray and may be used to describe many types of lung lesions both tuberculous and nontuberculous.

Q. Why is it that a patient with cavitation smaller than a dime can be treated with drugs as long as a year and then surgery is recommended? Could not surgery be used or recommended in a much shorter period?

A. The object of the modern treatment of tuberculosis is to render the disease so inactive that it will never break down again, in other words, to cure it. Sixty to seventy percent of individuals with small cavities will not require surgery. Their tuberculosis will be brought under control with bed rest and drug treatment. The others will require operation. However, it is not possible to say at the beginning of treatment which individual is going to require resection. Broadly speaking, as long as the condition is improving with bed rest and drugs, surgery is not considered but if improvement ceases or markedly slows down in the presence of significant active disease then removal of the diseased portion of the lung must be undertaken. It is for this reason that in some cases we may wait as long as a year before recommending surgery. In other words we could do lung resection in all of these patients after about three weeks of drug treatment but in sixty to seventy per cent of cases we would be doing unnecessary surgery.

Q. Why do people with arrested tuberculosis often have wheezes in their breathing?

A. A wheeze is due to narrowing of the bronchial tubes. The commonest cause of such narrowing is the presence of abnormal secretion in the bronchi. Consequently, it is present in numerous conditions affecting the lungs. It may also be due to spasm of the muscles in the walls of the bronchial tubes, to an inhaled foreign body or to the presence of tumours in the bronchial tubes. In arrested tuberculosis it is



Miss Vilda Skerry, R.N.; Dr. J. J. Quinlan and Dr. H. M. Holden, whose conjoint article on "Peritoneal Dialysis" appeared in *THE CANADIAN NURSE*, March 1966.

usually due to the presence of abnormal secretion but may be caused by scarring of the walls of the bronchi following a previous tuberculous bronchitis.

Q. Will you please discuss "erythema nodosum". In what way is it related to TB?

A. Erythema nodosum is a skin condition where a rash consisting of numerous reddish-blue swellings appears on the front of the legs or less frequently in other parts of the body. Rarely there

may be only a single patch but there are usually several and are seen most frequently over the shins. The condition persists for several days or even weeks and then slowly subsides.

Erythema nodosum is seen in association with several diseases of which tuberculosis, rheumatic fever, and sarcoidosis are three. In tuberculosis the skin lesions appear shortly following the establishment of the primary infection. The condition is a benign one and requires no special treatment.

St. Patrick's Card Party

It was St. Patrick's Day in the evening, and green, of course, was the color of the cut-outs decorating the walls of the patients dining-room. The artistic shamrocks, hats, harps, pipes, etc, had been made by the ladies of 3rd. Floor East under the guidance of the Rehab. people. The occasion was the St. Patrick's Card Party, sponsored by the Olympic Chapter, I.O.D.E., under the convenership of Mrs. Stewart Sangster. Dr. Hiltz introduced the ladies of the I.O.D.E. who were present, and the party got under way under the capable direction of Penny Hamblin of the Rehab. Department.

Forty-fives was the majority game, but cribbage, checkers and rummy were also in play. Prize winners for the evening were as follows: Forty-fives—Ladies high, Mrs. Barbara Bishop; Gents high, Arnold Boylan; Ladies low, Mrs. Thelma Amon;

Gents low, Howard Melanson. Cribbage—Mrs. Esther Blaxall, Ernest Copeland and Merrill Oickle. Checkers—Mrs. Alma Johnston. Rummy—Janet Hamm. Extra prizes were awarded to Mrs. Evelyn Clarke (lucky cut) and Ron Wagner (most recently arrived patient). As in all former years when the I.O.D.E. sponsors the card party, a beautifully decorated cake was given to the person having a birthday nearest to the date, in this case the lucky winner was Mrs. Gladys Holden (Note: we believe the little ones of the Children's Annex had a share of this lovely cake).

After the delicious lunch had been enjoyed, Linda Smith thanked the hostesses on behalf of the patients. Ella Spidle, who was making her farewell appearance, thanked Miss Allen and her staff of servers.

When TB Strikes

The following article appeared in Newsweek, and is reprinted with the kind permission of Newsweek, Inc.

"These things just don't happen in this day and age," said Dorothy Bokor, a housewife in the Detroit suburb of Garden City, last week. "I just went to pieces." To most middle-class Americans living in the age of antibiotics, tuberculosis is a disease of the past. Yet a TB outbreak last week had hospitalized Mrs. Bokor's 4-year-old son Gerald and thirteen other youngsters attending Garden City's one-story, brick-front Hansel and Gretel Day Nursery.

The epidemic began early last month, when a 5-year-old girl attending the school became pale, complained of fever and developed small red lumps on her legs. Fever and pallor, of course, are symptoms of many diseases. But the red lumps, called erythema nodosum, are a rarely seen signal of TB.

Fortunately, the child's physician, a 39-year-old pediatrician named Dr. Frank J. Malje, grasped the significance of the bumps. "I think," said one TB expert, "he was pretty sharp to pick it up." Malje administered a skin test. Such tests usually involve injecting a small amount of extract from TB germs under the skin. Within three days, the skin in the test area turned thick and hard, indicating that the child was infected by TB. Such "positive" reactions occur in some persons who have been exposed to TB—including those who have warded off the disease as well as those who are actively ill. So Malje ordered a chest X-ray. The film disclosed a telltale shadow in the child's lungs where the TB bacilli were multiplying, confirming the diagnosis of active TB. On December 20 the girl was admitted to the William H. Maybury Sanatorium in nearby Northville. Thanks to Malje the disease had been caught before seriously damaging the child's lungs.

But no one suspected that an epidemic was under way until Mrs. Bokor took her feverish and tired son to see Malje. The doctor discovered that he too, had TB. Two cases in one school were enough to trigger an investigation; immediately, health officials contacted Mrs. Marie Gaylord, owner of the 57-pupil nursery, and examined records of the teachers on the staff and the students. They found that one teacher, a middle-aged woman, whom authorities declined to identify, had a record of tuberculosis. Although a chest X-ray taken when she applied for the job

two years before had been negative, a sample of the teacher's sputum contained live TB bacilli.

New Problem: The Garden City outbreak demonstrates a shift in the nature of the TB problem in the U.S. Tuberculosis is caused by a rod-shaped bacillus that is spread like the common cold, by coughing or close contact. Though TB is no longer the nation's No. 1 fatal disease—in 1905, the death rate was 180 per 100,000 Americans as compared with four per 100,000 in 1964—it still is a public-health problem. The very drugs that have made TB controllable (including streptomycin, discovered in 1944, and isoniazid, introduced in 1952) have made sudden outbreaks a hazard, especially among youngsters. In the days when disease germs were harder to control nearly everyone was exposed to TB and had a chance to develop some resistance. "As the infection rate goes down," explains Dr. James J. W. Raleigh, medical director of the National Tuberculosis Association, "you have a growing number of susceptible subjects—and an active case can start an outbreak."

Health experts are increasingly concerned about outbreaks similar to the one in Garden City: in 1962, for example, fifteen children contracted TB from a teacher in Ohio. Some doctors think that persons who have had TB should not take jobs in which they work closely with children. And currently, the U.S. Public Health Service is helping to conduct programs in 43 states to find teachers, bus drivers and youngsters with the disease. Eventually, the U.S. PHS hopes to check every elementary-school teacher in the country. But health experts note that the TB victim whose disease has been brought under control should not be treated as a pariah.

The outlook for the Garden City youngsters is good; treatment no longer requires up to a year and a half of bed rest and isolation from family. Most will be hospitalized no more than six months. They will probably have to take daily doses of TB drugs for a year or more. "It is fortunate that the cases were discovered early," said Maybury Sanatorium director Dr. Wilkie L. Howard. "They should respond quite well."

—Copyright Newsweek, Inc.
January 31, 1966

NURSING NEWS

A picture taken at a Meeting of the Valley Branch Certified Nursing Assistants Association held at the Sanatorium shows members of our staff active in their Association:—Miss Helen Comeau, Mrs. Gertude Cook, Miss Elizabeth Fraser, Mr. Allen MacKinnon.

Mrs. Margery Elliott, R.N. and Mrs. Lilah Bird, C.N.A. are patients at the Victoria General Hospital. We wish them a speedy recovery.

Mrs. Jeannette Moody, C.N.A. is resigning to be a full time housewife.

Joining our staff in April—

Mrs. Judith Whitfield, R.N.

Miss C. Ryer, R.N.

Miss E. MacPhail, R.N.

Mrs. Mary Marshall, R.N.

A Conference of Schools of Nursing affiliating at the Sanatorium will be held in Miller Hall, April 5th. Directors of Nursing and Nursing Education from nine Schools will be attending.

Mr. Loran Geitzler, R.N., will be in Europe for couple weeks in April.

We are pleased to see Miss Helen Comeau back on duty.

Officers of V.B.R.N. Association include members from our Nursing Staff.

Miss Jean Dobson, R.N.—President.

Miss Vilda Skerry, R.N.—3rd. Vice President.

Mrs. Celia Best, R.N.—Secretary.

Mrs. K. Dakin, R.N.—Chairman of Nominations.

Sympathy is extended Miss Margaret Potter, R.N. on the death of her Grandmother.

An article on "Peritoneal Dialysis" appears in the March issue of the Canadian Nurse Journal written by Drs. Quinlan, Holden and Miss Skerry. You will find their picture elsewhere in Health Rays.

Nursing office is pleased to have Miss Grace Adams back on duty following sick leave.

Miss E. Jean Dobson, R.N., is participating in a Career Conference at Western Kings County Rural High School, Cambridge and Mrs. C. Best, R.N., a Career Conference at Cornwallis District High School.



Elected to the executive of the Certified Nursing Assistants Association, Valley Branch, are, left to right: Miss Helen Comeau, treasurer; Miss Elizabeth Fraser, secretary; Mr. Allan MacKinnon, president; and Miss Gertrude Cook, vice-president.

HEALTH RAYS

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No. 4

STAFF

Managing Editor Eileen M. Hiltz
Business Manager John Akin
Subscription Manager Steve E. Mullen

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EDITORIAL COMMENT

On March 14 the Sanatorium was honored by a visit by four members of the Nova Scotia legislature. They were, Mr. G. H. Fitzgerald, Dr. C. L. MacMillan, Dr. Hector Pothier and Dr. Paul Kinsman, members of the Humane Committee of the provincial government, of which Mr. Fitzgerald is chairman. They were accompanied by Dr. J. S. Roberston, Deputy Minister of Public Health for Nova Scotia.

During their visit the members were taken on a tour of buildings and grounds, meeting as many of staff and patients as the limited time permitted. After dinner at the Sanatorium, they went on down the Valley to inspect the Kings County Municipal Hospital.

It is scarcely surprising that a newspaper report following the visit stated the committee to have found old buildings, overcrowding, complicated maintenance problems. One has only to examine dates of their construction to realize that most of our buildings are venerable; that they are incapable of the expansion necessary to avoid overcrowding; that an antiquated system of underground pipes makes digging and burrowing an inevitable part of our landscape.

On the other hand there was a boost for our morale in the statement of the committee chairman that the surgical facilities, the staff and the food were excellent. That would seem to indicate that whatever the shortcomings of the material components of the Nova Scotia Sanatorium, the human factor is tops.

* * * *

We are grateful to Dr. Misener for his informative and very readable discussion of chest roentgenology. Dr. Misener is the man who knows us inside out, and now we know something of how he does it.

The accompanying picture was taken a few years ago, in 1954, to be exact, but we can see very little change from Dr. Misener of today. Perhaps sometime he will write us an article on how to make time stand still so successfully.

* * * *

Of course true Scots could never be boastful—they just somehow manage never to let the world forget what a great race they were, are and ever shall be. The list of accomplishments by Scotsmen compiled by a Vancouver Sun columnist, found elsewhere in this issue, in truth bears it out. But with our Scottish blood surging proudly through every vein, we acknowledge that other nations have made their contributions too. This month we have an article saluting the inventor of the X-ray; last month we wrote of the discoverer of the tubercle bacillus. Both Roentgen and Koch were Germans, just two names in a staggering list of benefactors of mankind that their country has contributed to world history.

* * * *

This month sees the start of a feature which we are sure will be of interest and profit to our readers, especially the ladies. Miss Ann Wills, who was herself a patient here in 1962, has graciously offered to contribute a Beauty Column to **Health Rays**. The first one appears in this issue, with helpful hints for Spring.

Ann Wills knows whereof she writes because hairdressing and beauty culture is her business. After leaving the Sanatorium she took a course in Hairdressing at Leon Academy, Sydney. Now she and her sister Marjorie, who also was a patient here and took a similar course in hairdressing, manage the Cleopatra Beauty Salon in Antigonish.

In a letter Ann tells us that "since we were discharged from the San. our health has been perfect, with some care on our own part. We owe a great deal to the Sanatorium, particularly the Rehab., who paid fully our Hairdressers Courses. So for us the disease was almost a blessing in disguise".

SCOTS WHA HAE

As is verra weel known, us Scotch-Canadians are no given tae boastin'. But it bein' sae close tae Robert Burns Nicht, I thought a wee tribute tae oor Mitherland might be timely . . .

Frae A to Z there's no much auld Scotland hasn't produced.

If ye start Wi' **A**—that's f'r Anaesthetics given to the world by a Scot, Sir J. Simpson. **B**—that'll stand f'r Banks . . . the Bank of England bein' founded by W. Patterson of Dumfries. **C**—that's f'r the Clyde, an' the world's largest liners.

D, an' ye think o' Dunlop the Scot that invented the tire. **E**—Wha' else but Adam Smith of Kirkcaldy founded the science o' Economics? **F**—f'r fitba' an' a' the Scottish victories over the English Welsh an' Irish. **G** a'weel that'l dae f'r Generals (maist o' the leadin' British ones aye comin' frae Scotland).

* * * *

H—that's f'r House of Commons, the one in London, tae which Auld Scotia has given six Prime Ministers this century. **I**—is f'r the Industrial Revolution an' James Watt wi' his wee steam engine that started it. **J**—a'weel we'll make that do f'r John Logie Baird, that invented television. **K**—another Scot, Kirkpatrick Macmillan, gave the world the bicycle.

L—in Literature wha's tae equal Scott, Burns and Stevenson? **M**—is for Macadam that surfaced the roads, and Macintosh that made the raincoat. **N**—stands f'r Nile, explored by Thomas Bruce. **O** — O is f'r Olympic Medalist Eric Liddel that wouldna' run in a race he'd trained f'r be-

cause it was Sunday, but ran in anither he hadna' trained f'r an' won the medal . . .

That brings us tae **P** f'r Penicillin, discovered by Sir A. Fleming, a Scot. **Q** — that's f'r the Queen, an' she wouldna' be on the throne the day if George I, hadna had a few wee drops o' Scotch blood in his veins. **R**—is for Radar an' its inventor, Sir R. A. Watson Watt o' Brechin. **S**—the Salvation Army is headed by a Scot. **T**—the Telephone, invented by Alexander Graham Bell, of Edinburgh.

U—did ye no ken the U.S. Navy was founded by a lad frae Dunfermline, John Paul Jones? **V** — that'll be f'r vacuum flask, brought oot by Sir James Dewar. **W**—Whiskey, Scotch, that is. **X**—is f'r the Unknown Quantity in Mathematics — and f'r that Scot, H. Napier, who made it understandable by inventin' Logarithms.

* * * *

Y—that's f'r Youth Organizations, like the Boys Brigade, founded in Glasgow. **Z**—(ye thocht ye had me there?)—A'weel, Z is f'r the Zulus, an' f'r David Livingstone wha' gae them the Scottish religion, pair bodies.

Barry Mather, Vancouver Sun

CHLORIS MAHAR DEPARTS

The departure of Chloris Mahar after five and a half years on the stenographic staff of the Sanatorium occasioned much regret throughout the wide circle of friends she had made for herself here. Not only will we miss her ready and lovely smile from Medical Section, but also the many delightful programs of organ and piano music she performed while at the Sanatorium. Her future plans were not precise when she left the Sanatorium March 18, but we understand she intends to seek work at one of the Toronto hospitals. We sincerely wish her every success and happiness.

Prior to her departure she was presented with a ring made from Nova Scotian agate in a sterling silver setting.

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Chaplain's Corner

For ten years Rev. J. H. Markham, whose death occurred on February 28 at the age of 94, served as Anglican chaplain at the Sanatorium. On several occasions during this time he contributed the "Chaplain's Corner". One of these has stayed in our mind as a particularly wise and helpful message, and it is reprinted now in memory of Mr. Markham. At the same time we take the opportunity to express sincere sympathy to his daughter, Miss Margaret Markham, on behalf of the many friends she made at the Sanatorium while she was Occupational Therapist here.

The Patience Plant By Rev. J. H. Markham

I have sometimes seen in the Sanatorium healthy house plants of considerable size and covered with clusters of pink blossoms. On asking the name and being told it was a patience plant, I have remarked that it is a good plant to cultivate here.

I don't know if that remark is always understood, but what I meant was that patients in this institution have great need to exercise and cultivate patience. Recovery from tuberculosis is a slow process and there is great temptation to impatience in a desire to hurry the process and escape from the irksome duty of lying in bed, forgetting that rest in bed is a very important factor in the cure.

Patience in the moral sense is a virtue, which, it has been said, is seldom seen in women and never seen in men. This, of course, is too sweeping a statement, as many generalizations are, but there is a modicum of truth in it. A mother has infinite patience with her children in their weakness and helplessness, and often naughtiness while the father is apt to be more exacting, but the mother's patience wins.

There is much in the New Testament about patience, which, I think, meant endurance, holding on under pressure and strain. God is called the God of patience. There is patience of the husbandman or farmer, and we are reminded of the patience of Job. Indeed we are told that in our patience we shall win our souls, our true selves.

Now like the patience plant, patience must be rooted in the right soil—that is faith. Patience is impossible unless there is confidence. Here in the Sanatorium you must have confidence in the treatment, in other words, in your doctor, or patience will wilt and die. So in the Christian life we must have confidence in our unseen physician and guide, that all things work together for good to them that love God.

There is one thing that we sometimes forget to give our house plants, that is water. The patience plant will not flourish without it. In a moral sense that is supplied by helpful reading and especially by the Bible—the Psalms and the New Testament. Then there is sunshine—the right aspect and atmosphere. Keep yourselves in the love of God—the light of His countenance. So shall we be able to run with patience the race that is set before us. (Heb. 12:1-2)

RECORDS RECEIVED

A gift of more than one hundred long-playing records was made to the Sanatorium last month by Mr. Avard Bishop, Kentville. These records carry the complete religious program "The Old-Fashioned Revival Hour," a well-known and much loved radio feature. The records will be used over Station S.A.N., and on behalf of its listeners we thank Mr. Bishop for his thoughtfulness and generosity.

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Old Timers

When we went to collect our Old Timers news we found Anne Marie breaking in a new office partner, Miss Marilyn Dickie, who has joined the San. stenographic staff to take the place of Chloris Mahar. And Anne Marie told us she had a card from Chloris en route to Toronto, where she plans to make her home for awhile. We were glad to hear that Chloris evidently enjoyed her work at the San. enough that she thinks she will take a position with one of the Toronto hospitals. We can tell them from here that the hospital that gets Chloris is the lucky one.

Grace Adams, of the Nursing Office staff, spoke of meeting Sidney MacDonald, an Old Timer of the early 'thirties. He lives in Truro now, where he runs his own store, MacDonald Home and Auto Accessories.

In a picture in the Chronicle-Herald taken during the conference of the Medical Records librarians at St. Martha's hospital, Antigonish, Anne Marie spotted Donald Silver, a 1960 San. patient. Donald, who had come here from Truro, took his course in Halifax after leaving the San. and is now the medical records librarian at the Fisherman's Memorial hospital in Lunenburg.

THIS HALF PAGE IS WITH THE
COMPLIMENTS OF

Don Chase, Ltd.

And an Old Timer whose picture Anne Marie clipped from a Yarmouth paper for us is Lewis Comeau. He has been appointed a special representative of the L. G. Trask Agency, Ltd., Yarmouth. The item states that he is completing the Insurance Institute course in preparation for his new business. For the past few years he had travelled for J. & P. Coats (Canada) Ltd., at which time he lived in Truro. Now he, his wife and their two children will make their home in Yarmouth. Lewis, who came from Saulnierville Station, Digby Co., was here in 1953.

Freda Jackson, now Mrs. Murphy, well known at the San as a patient in 1950 and later on the domestic staff, now lives in Berwick. She was in for a check-up recently, and when Anne Marie asked her what she was doing she replied: "Huntin' and fishin'," and apparently enjoying life, as she looked well and happy.

Anne Marie says she caught a fleeting glimpse of Blanche Parker, who had come in from her home in Melanson, Kings Co. for a check-up, and that she looked well. Blanche was here in 1947. Also in for a check-up was Jean Fraser, who is now in the office of W. L. Chishlom Insurance Co., Kentville.

When Mrs. Hunter, Certified Nursing Assistant at the Sanatorium, was back to her old home-town of Springhill, she saw Laura Coleman, who was here in 1958. She is fine, and works five days a week on the nursing staff of All Saints Hospital, Springhill.

A more recent Old Timer dropped in to see old friends at the San. Jim McMichael, whose voice was familiar over Station S.A.N. just last year, says he is back to his old job with the Euclid Heavy Equipment Co. He told of seeing Connie Townsend, who also returned home fairly recently, that she is feeling well and doing her own housework. Another Old Timer of the Truro area is Patricia Lewis, who was here in 1964. Jim says she, too, is doing fine.

Alexander MacLaren, who was here in 1957, is now working on the office staff of the Scott Paper Mill, Abercrombie, New Glasgow. Sidney Smith came in for a check-up from Digby, where he is a pharmacist. He was here in 1958.

Dr. Quinlan tells us that at the Kentville Rotary Ladies' Night party held on March 17 one of our San. Old Timers was the featured entertainer. Mrs. Georgina Soukup, who was a patient here in 1953, very shortly after coming to Canada, played a program of folk songs of her native Czechoslovakia, dressed in the national costume. She was accompanied on the bass viol by Willard Bishop of CKEN, and the large audience was delighted with the recital. Georgina lives in Kentville, where her husband is employed with Canada Foods Ltd.

Last month Tom and Ellen Mullin came to the San. to visit Tom's brother Steve, one of our popular San. postmasters, who finds he must spend some time in the East Infirmary. Tom, who was also postmaster at the San. and Ellen, better known as "Mossy", who was a nursing assistant here, met while patients in 1945. They and their fifteen-year old son, Peter, whom Anne Marie says is as tall as Tom, live in Yarmouth, where Tom works for a furniture company and Ellen is on the nursing staff of the Yarmouth hospital.

Florence Belben of the Annex had a

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letter from Ruby Falkenham from Laconia, Lunenburg Co. Ruby, a patient here in 1963, says she is doing well, also her baby, who was born at the San.

Frances Manuel, who comes in from her home at Boutillier's Point, Halifax Co., for her pneumothorax refills, told of seeing some Old Timers. Of course she sees sister Patsy Walsh, who is at home in Boutillier's Point and is fine. She also saw Art Richardson, who now works at the Dayspring Municipal Home, Lunenburg Co., and ran into Lawrence Langille and Eldridge Ramey in Halifax. Both are fine.

Anne Marie was in Halifax to see "The Sound of Music" (and she gives it rave notices!) and there she saw Earl Langille, wife Chris. (MacIntosh) and son Peter. Earl is principal of the Consolidated School in Hebbville, and lives in Bridgewater.

In New Glasgow last month we saw Yvonne Rogers, who was here in 1960, and as usual was sporting a new hair-do. She lives at home with her mother and her prized Labrador dog, 'Arry. On the same trip, during a stop in Truro, we ran into a real Old Timer, Freda Fuller. Freda was a patient here back in the late 'twenties, then the one and only stenographer in Medical Section for a number of years. She retired some time ago from the staff of the Agricultural College, and now lives a life of leisure in Truro. She looked and sounded very well, in spite of some struggles with diabetes and a stroke. It would be very hard to keep Freda down for long.

When Mrs. Vi. Silver of the San. Rehab. Department was in Halifax last month for a two-week course in handcraft, she enjoyed a dinner visit at the home of Eleanor and Byron Corkum. Both are very busy, Byron on the staff of the Halifax Liquor Commission and Eleanor as occupational therapist at Camp Hill hospital. Byron will be remembered as genial Canteen man here, while Eleanor was a member of the Rehab. staff.

We will close this month's column with a very pleasing letter from Herman and Irma Hendsbee Phalen. They write from East Port Medway, Queens Co.: "Just thought we'd put a note in with the forms to say we are both well and have been since we left the San. Herman now weighs 185 lbs! He has a store and runs the post office along with it, so he is busy every day. I'm busy looking after our little girl, who is now five years old. We still have many happy memories of our days at the San."

BEAUTY COLUMN

Hints for Spring Beauty Care

By Ann Willis

One quick look at the calendar will tell us that Spring is at hand and Winter is now past, and weatherwise it indeed had been a good one. But what about "beauty wise"? Now is the time to check the winter damage.

I think the common complaint of people who spend much time indoors during the winter months is "dry skin". In this Column I aim to help women avoid this problem all year round.

It is a well known fact that after the age of twenty-one moisture slowly begins to leave the skin, leaving behind wrinkles, lines, etc. As one cannot hold back the process of aging, the wrinkles, lines, etc., will no doubt eventually come. For many women the look of age comes much too early in life. If you are over the twenty-one mark, begin now preparing for your advancing years by the use of moisture cream.

Moisture cream is a very inexpensive product to buy and the results are worth many times its price. The best time to apply it is before retiring each night, and its application is very simple. Spread cream over the whole face, using upward strokes, also to the neck, or any other dry area, for example, knees, elbows, hands, etc. Leave on during the night, for rest and moisture cream blend beautifully.

If you are already blessed with smooth clear skin, keep it that way. Don't give it a chance to dry out, and avoid heavy coats of make-up. If your skin is already dry, don't feel that it is too late for you to try to correct it. It certainly isn't. Moisture cream can improve the condition a great deal. You may not notice the difference yourself, but others will see that your skin has improved. So "prepare now for your old age" beauty wise, for if you look young, you feel young, and who doesn't want to stay young just as long as possible.

Wishing you all a holy and beautiful Easter.

Next month: "The Value of Daily Hair Brushing".

Spring

When days are fair and spring has sprung,
The chirping cricket busts a lung,
The festive frog infests the rills,
And Skeeters whet their whicker-bills.
Tho' all my inclination leads
Uneeringly toward garden seeds,
I sing, tra-la, with cheek in tongue
That spring has sprung!

—Selected

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30 Years Ago

30 years ago it was "Suits and Top Coats Made to Measure—All One Price—\$24.00". So said a leading advertiser in **Health Rays**, April 1936!

Prices may change, but many problems remain the same, at least for sanatorium physicians. The feature article in the April 1936 magazine is called "The False Convalescence", and the opening sentence states: "The number of relapses which occur among those patients who have been discharged is a constant subject of concern among the sanatorium physicians everywhere". We think we can say quite truthfully the problem is not as great now as it was then—when the statistics from a survey in Boston showed 35 per cent of patients admitted had previous treatment—but it is a serious problem still. The author of this article is concerned particularly about those patients who go home on medical advice as "apparently arrested" cases. He offers a good deal of practical advice for the patient returning home after a stay in the sanatorium, like this: "Don't allow your friends to coax you into doing things that you should not do, for this is apt to be the period in your life when your best friends are your worst enemies. Their intentions are excellent, but their judgment is bad; they are misled by your outward appearance of good health and they have never heard of the "False Convalescence". "

"D. C. L." had his second "San Celebrity" in this issue. The subject (or should we say victim?) this time was another very well-known patient of the day, Howard Ripley. Many Old Timers will remember "Rip", a young man of small stature but large brain. Tb. had interrupted Rip's college career and brought him to the San. for a few years. During that time he had the distinction of being the first case upon whom surgery (thoracoplasty) was performed at the Nova Scotia Sanatorium. Prior to this the surgery had been done by Dr. Schaffner at the Eastern Kings Memorial hospital in Wolfville—Kentville 30 years ago had no general hospital! As usual D. C. L. got off many clever quips about his San Celebrity, one or two of which we quote for the amusement of Rip's old friends: "As a souvenir of his thoracic struggles, Rip has preserved three of his ribs. He alludes to them as 'potential women, but thinks they are safer in their present state.'" "His hobby is combing his hair but he may have to get another one soon." "There are two things Rip has all figured out: if he

ever has any children he knows just how they will be brought up; and if he ever draws a Derby winner the money is already spent. Well, as a philosopher he has a right to speculate on the absurd." "They always come back. But Ripley will probably return as an interne and we'll all have to call him 'Doctor'."

There was more than a touch of the prophetic in some of D. C. L.'s sallies. Rip did return as an interne in 1940, having taken up his interrupted medical studies upon regaining his health, and upon graduation he became a member of the Sanatorium medical staff for a year. At present he is radiologist at Moncton General hospital, married to a San. sweetheart, Edna Bowden, and proud parent of three boys and a girl.

An article entitled "First Days on the Cure" was written by Adelaide Munro, R.N., then (if our memory serves us well) charge nurse on second floor, New (now East) Infirmary. She will be remembered also as the capable Superintendent of Nurses here from 1947 to 1958. There is much wise advice for newcomers in what she wrote, such as this: "Proper curing in the early Sanatorium days very likely means the difference between ultimate success or failure. You cannot observe it too carefully. For your own future, for those who mean much to you, make the most of those first days. Good habits, once formed, are just as hard to break as bad. Make all your habits of curing good ones". Those who knew Miss Munro as their charge nurse will not forget her kind but firm, no-nonsense enforcement of the good curing rules laid down in her article.

From the joke page: A widow, whose husband had died some months previously, also died and when she came to the pearly gates, asked to see her former husband.

"What's his name?" said St. Peter.

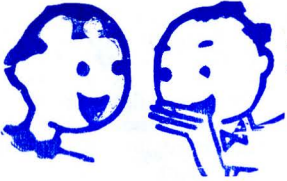
"Joe Smith," replied the widow.

"You'll have to give me some better identification than that," said St. Peter kindly. "How about his last words? We classify new arrivals by their last words on earth."

"Well," she replied, just before he died Joe turned to me and said, 'Mary, if you ever kiss another man I'll turn over in my grave?'"

"Oh, sure, I know him," said St. Peter, "We call him 'Whirling Joe' up here!"

Just Jesting



Late Again

Visitor to widow: "I am so sorry to hear of the death of your husband. Did they hold a post-mortem examination?"

Widow: "Yes, and like all those doctors, they did not hold it until he was dead, or they might have saved his life."

The reason they don't draft guys with three or four kids is very simple. Anybody with that many children hasn't any fight left in him.

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They Made A Deep Impression

A guy who needed a set of teeth was looking for a bargain. The first dentist he visited said they would cost \$300, and he said that was too much, and kept on shopping. Then he heard about a dentist who would make them for \$50. He called on the dentist and asked if he could give any reference among people he had made \$50 teeth for. "Why yes," said the dentist. "Look up Joe Zilch on West East Street."

So the guy looked up Joe Zilch and said, "I understand Dr. Yankem made you a set of teeth six months ago for \$50. Were they satisfactory?" "Well I'll tell you", said Zilch. "My hobby is skin diving, and last week I went skin diving off one of the Florida Keys. I was 40 feet down in the water when I saw a shark coming at me. I tried to run, but there was a bale of barbed wire on the ocean floor that had been left there from World War II, and an octopus had made a nest in it. As I went by, with the shark snapping at my back, the octopus reached out and started dragging me in through that bale of barbed wire. And that, Mister, was the first time in six months my mind hadn't been on those \$50 teeth."

Yeh! Good Question

One teen-ager recently made what the

school-crowd of our town call a "neat" observation when he said, "You know, I'm starting to wonder what my folks were up to at my age that makes them so dog-goned suspicious of me all the time."

The Better To See You With, My Dear

A woman wrote a doctor who had been treating her husband: "Ever since my husband started going to you, he's become a different man. He used to be a wonderful husband, father and provider. He was handy around the house. He adored me, considered me one of the most beautiful women in the world. Now, he scarcely looks at me, and he disregards the children. And frankly, doctor, I think he's becoming a woman-chaser. My feeling is that you have been giving him shots that have changed his personality."

And the doctor wrote back: "Dear Madame, As regards your husband, I have been treating him with nothing. I merely prescribed for him a pair of contact lenses."

Ingratitude!

Irate father (to son): I sacrificed everything I had so that you could study medicine and this is your thanks. Now that you're a doctor, you tell me I have to quit smoking.

And They Come In All Sizes

The floorwalker of a department store noticed a young man looking very confused, so he went to him and asked:

"Can I help you, sir? You seem puzzled about something."

Fellow: "I am. I was supposed to buy either a camisole or a casserole, but, so help me, I can't remember which."

Floorwalker (amiably): "Perhaps I can help you if you tell me what sort of chicken you intend to put in it."

A practical nurse is one who falls in love with a wealthy patient.

Papa Robin: "How did that speckled egg get in our nest?"

Mama Robin: "I did it for a lark".

Moses Updated

Asked by his mother what he'd learned in Sunday School, 10-year-old Bobby launched into an exciting tale: "Teacher told us about when God sent Moses behind the enemy lines to rescue the Israelites from the Egyptians. When they came to the Red Sea, Moses called for the engineers to build a pontoon bridge. And after they had all crossed they looked back and saw the Egyptian tanks coming. Moses radioed headquarters on his walkie-

talkie to send bombers to blow up the bridge, and saved the Israelites."

"Bobby!" said his mother. "Is that the way your teacher told you that story?"

"Well, not exactly," the boy admitted. "But if I told it HER way, you'd never believe it!"

* * * *

Interviewing a woman applicant, a kind-hearted Social security representative wanted to make sure that no tangles would prevent her from getting her full benefits. "Were either you or your husband married before?" he asked.

The woman glared indignantly and snapped: "Before what?"

* * * *

Every family should have three children. I fone turns out to be a genius, the other two can support him.

* * * *

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

* * * *

Prayer In April

by Sara Henderson Hay

God grant that I may never be
A scoffer at Eternity—
As long as every April brings
The sweet rebirth of growing things,
As long as grass is green anew,
I shall believe that God looks down
Upon this wide earth, cold and brown,
To bless its unborn mystery
Of leaf, and bud, and flower to be;
To smile on it from tender skies—
How could I think it otherwise?
Had I been dust for many a year,
I still would know that Spring was near,
For the good earth that pillowed me
Would whisper immortality,
And I, in part, would rise and sing
Amid the grasses murmuring.
When looking on the mother sod,
Can I doubt that this be God?
Or when a primrose smiles at me,
Can I distrust Eternity?

—Sanatorium Outlook.

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Good Arithmetic

He was teaching her arithmetic,
He said it was his mission;
He kissed her once, he kissed her twice,
And said: "Now that's addition".

And as he added smack to smack
In silent satisfaction,
She timidly gave him one back,
And said: "Now that's subtraction".

But Pa appeared; he raised his boot,
And snorted with derision;
He kicked poor Jim ten yards away,
And said: "That's long division".

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