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NOVA SCOTIA SANATORIUM

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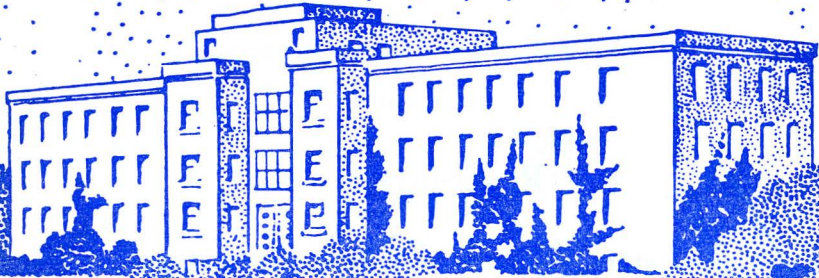
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TABLE OF CONTENTS

THE SANATORIUM CRACKER BARREL J. E. Hiltz, M.D.	5
THE PHILOSOPHY OF THE CREDIT UNION MOVEMENT J. B. Kennedy	6
TUBERCULOSIS—HERE, THERE AND EVERYWHERE J. E. Hiltz, M. D., D.P.H.	8
MR. MAUGHAM LEAVES LIFE'S STAGE	10
30 YEARS AGO	12
QUESTION BOX J. J. Quinlan, M.D.	13
EDITORIAL COMMENT	14
NURSING NEWS	15
CHAPLAIN'S CORNER Rev. C. N. Slauenwhite	17
OLD TIMERS	19
JUST JESTING	24

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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. Sluvenwhite</i>
Roman Catholic—Parish Priest	<i>Rt. Rev. J. H. Durney</i>
Asst. Roman Catholic Priest	<i>Rev. Thomas LeBlanc</i>
Salvation Army	<i>Capt. R. Henderson</i>
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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VOL. 47

FEBRUARY, 1966

No. 2

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



The double-barred red cross known as the Cross of Lorraine was suggested as the symbol of the crusade against tuberculosis in October, 1902. The suggestion was made by Dr. Sersiron at an International Conference on tuberculosis in Berlin. It was accepted and to this day has served to represent persons, societies, and institutions working to control the ravages of

the disease. It is the symbol which appears on our Tb. Christmas seals, on our letterheads, and, indeed, adorns the front of one of the Sanatorium buildings. It is displayed with a sense of tradition and as a token of respect for those workers who over the years have devoted so much of their time and talents to this cause.

* * *

There is nothing so discouraging for a patient than to face a second period of treatment. Frequently this means that the first period was not long enough or thorough enough. Sometimes, of course, it is the result of just bad luck. We are rather proud of the record of our patients in Nova Scotia in this regard over the past seven years. In 1959, of all our known cases of healed tuberculosis there were 136 whose tuberculous disease reactivated. The next year, this happened to only 111 persons and in the following years 84, 73, 58, 55, and finally only 52 in 1965. This is out of some 13,000 known persons with healed tuberculosis. Indeed, it is down now pretty much to the "bad luck" cases. It is our feeling that treatment conscientiously taken for as long as required can now bring about a state of firm healing that will remain as such permanently. This requires patients to have patience, to persevere with drugs for at least two years without interruption in most cases and not infrequently to undergo surgery

for the removal of areas of disease which have not healed properly by means of modified rest and drugs. "Once on the cure is enough" Let us do it right the first time!

* * *

It is generally accepted that INH is one of the best, if not actually the best, drug we have in the treatment of tuberculosis. We began to use it in 1952 when it was first shown to be effective against the germs of tuberculosis. It is somewhat startling to learn that INH was first produced by a research scientist in the year 1912 as an exercise in experimental chemistry. It was there waiting for us for forty years!!

* * *

The Nova Scotia Sanatorium has been in operation for almost sixty-two years. We are still using that very first building, the Annex, built in 1904. To provide adequate facilities for patient care is a constant struggle with ancient structures and old equipment. We are quite proud of what our staff has been able to accomplish by means of repairs and especially by replacements. Although all of us would like to have new buildings with the most up-to-date possible equipment, most important is the quality of staff. If I had to choose between our present fine staff working in old buildings or other but indifferent staff employed in brand new surroundings, I would take our present situation every time. My most pleasant dreams, however, are of our present staff in a modern hospital setting.

Our recently acquired vegetable steamer and new stainless steel tilting stock pot in the retiled area of our main kitchen is another step in our program of modernization and repairing the ravages of time. Our kitchens are taking on that new look and are becoming more efficient places in which to work.

* * *

One Friday afternoon recently we were listening to a phonograph record during

Journal Club. This record was made by a panel of psychiatrists. The subject under discussion was patient-doctor relationships. I was interested to hear a quote from Mark Twain to the effect, "Always tell the truth. Then you don't have to remember what you said". This is excellent advice, of course, and a principle that we as a medical staff have tried to follow faithfully over the years. How else could a staff of eight physicians keep from getting their stories mixed up as they give reports to patients. Besides, each patient has a right to expect to hear the truth

from his or her physician just as the physician expects to be told only the truth by the patient. A deliberate lie is an act of cowardice perpetrated by a person who is afraid to state the facts. Truth, on the other hand, is a very precious commodity.

Mark Twain was reported also as saying "Always do what is right. It will please some of the people and will amaze the rest". Besides originating Tom Sawyer and Huckleberry Finn, Mr. Twain handed out some pretty good advice.

The Philosophy Of The Credit Union Movement

By J. B. Kennedy, Field Representative,
Nova Scotia Credit Union League

The following is an excerpt from a talk given at the Annual Meeting of the Nova Scotia Sanatorium Employees Credit Union, held in Miller Hall on January 20, 1966:

I am to speak to you this evening on the philosophy of the Credit Union movement. Let us examine what we mean by philosophy. It means, as far as we are concerned, the reasons for the existence of Credit Unions, the justification for having Credit Unions in this day and age, and what is the role of Credit Unions in our society. What are Credit Unions? Where are they going? What do they stand for? How important and effective instruments are they in this era of "bigness" of big deals, of big firms, etc. The answer to all these questions and our attitude to Credit Unions, your attitude, comprises what we call the philosophy of Credit Unions, your philosophy and mine.

A Credit Union exists not for profit, not for charity, but for service.

If a Credit Union does not exist for profit, how can it survive, how can it meet its expenses? We will look at that later. A Credit Union is not for charity. That is true although the virtue of charity is found in the fact that people pool their savings together, make them available in loans in reasonable amounts and at reasonable rates of interest to their neighbors. The Credit Union cannot give outright of its funds for this would soon put it out of business. It is not a charitable institution as such but what it does for its membership through its loans, insurance system and protection of savings and the development of character of the people involved in Credit Unions is a form of char-

ity of the highest order. It is an ardent protagonist of social justice in a world that sadly needs more of it.

A Credit Union is a co-operative society and this means people working together for some common goal. Co-operation is a natural way for men to act. It is as old as man himself, is basic to many facets of our way of life. Man is a social animal. He has to be and needs to co-operate on certain levels of society to maintain himself. Our churches, our schools, our governments are all forms of co-operative endeavours in which we participate daily. If men can co-operate to run their schools, their churches, their governments, surely we can expect that they are intelligent enough to co-operate to make their money work for themselves instead of for a few who have control.

Credit Unions exist for service in two particular fields—in providing its members (1) with a convenient and secure means of saving money, and (2) a way of obtaining credit at reasonable rates of interest. There are two outcomes of operating a Credit Union—(1) the members get an education in the management and control of money and (2) they get insurance on their savings and loans.

I mentioned before that in a Credit Union members get an education in the management and control of money. Probably I should say that they **should** get an education in the management and control of money and that this educational process is not automatic. In Credit Union work, as in many other things, we are accustomed to "mouthing" a few slogans and are satisfied with that. Let's look at this—the Credit Union pass book is in itself an education to many members who

have now before their eyes their first financial record.

One thing to consider is that Credit Union means economic democracy. In the 19th century when we achieved political democracy we had come a long way but it soon became clear that political democracy without economic democracy, without control over our sources of credit was not enough. Unless we control our credit and our money we are not entirely free. One man, one vote is true democracy.

The Credit Union movement is opposed to exploitation, graft, snobbery, false advertisements, misleading information and high pressure salesmanship. The Credit Union dared to have faith in the common people and has proven that with very few

exceptions, the average man is honest. This can be repeated and stressed many times for it is a profound discovery made by the Credit Union.

What have we learned since Credit Unions began? We have learned that the idea was sound, that people are on the whole honest but today, with the rapidity of changes going on all around us, we have to take another look to see what we can do to modernize our operations without sacrificing any of our principles.

It is important to remember that Credit Unions are in existence for service to the people, for the good of the common people, and for the good of the community in which they operate.

LUNG CANCER IN CANADA: DOUBLE IN 10 YEARS

A University of B.C. medical professor said he believes the amount of lung cancer in Canada will double in the next 10 years.

Dr. Stefan Grzybowski said that this was the harvest Canadians would reap from their increased heavy smoking in the 1940s and early 1950s.

He said the rate of lung cancer among Canadians has multiplied six times since the 1930s.

Eventually the rate increase will level off, he said, because the increasing weight of evidence linking smoking and lung cancer is discouraging many people from smoking.

Dr. Grzybowski, an associate professor in UBC's faculty of medicine, does research under a B.C. Tuberculosis Society grant to study chest diseases.

Dr. Grzybowski, expanding in an interview on remarks he made to the TB Society's annual meeting, said:

"I don't see there's any doubt that smoking causes lung cancer, even though we may not be sure exactly how it does cause it."

"The cause and effect—smoking and cancer—are separated by 20 to 30 years," he said.

"In the next 10 to 15 years, we will get the increased numbers of people who started smoking heavily in the 1940s and 50s as a result of the war, anxiety, more advertising—any number of reasons."

He said the only way the number of lung cancers would not double is if everybody quit smoking today.

"This, is of course, is a hopelessly unrealistic expectation," he said.

The Vancouver Sun May, 1965.

WHEN DOCTORS AGREE

What's the definition of self-confidence? Well, there's the chef who dines on his own cooking. But there is a more impressive example: the doctor who follows his own advice. And it's pleasant to report that a good many of the latter are practicing what they preach, notably in one important area affecting health, namely, cigarette smoking.

This information comes via a questionnaire answered by more than 60,000 doctors. It turned up some remarkable facts. For example, only 22% of the reporting physicians were cigarette smokers, a drop of nearly 60% compared to a similar survey made 10 years ago.

Of course, in the last 10 years a lot of facts about smoking have been confirmed. The U.S. Public Health Service announced its conviction that the cigarette habit is the leading cause of lung cancer; that it also causes chronic bronchitis; that most people who have emphysema have been long-term cigarette smokers.

A method has not yet been found to make quitting easy, but there is one sure-fire method to escape all the worry about stopping—**Don't Start!**

—Illinois Tuberculosis Association.

VACATION VAGARY . . .

I envy the wonderful instinct
Possessed by the birds of the air
That instructs them to fly
Through a heatening sky
And to pleasanter climates repair;

A pang of resentment assails me
As I watch them with single accord
Make the annual trip
At a blistering clip
To the places I cannot afford!

Tuberculosis—Here, There And Everywhere*

By J. E. Hiltz, M.D., D.P.H.

Administrator, Tuberculosis Control
Services, Nova Scotia

Here, in Nova Scotia, tuberculosis is still a problem. It is true that 12 years ago we needed 1246 hospital beds for the treatment of the disease and that these have been reduced to 370 by 1965, and although this was made possible in large part by the shortening of hospital treatment periods, it does reflect some improvement in the tuberculosis situation. Seventy-two Nova Scotians died of tuberculosis in 1953 and only 29 in 1964, which is good, but this figure has remained the same, or almost the same, for the past six years, which is not good enough.

During 1964, 168 Nova Scotians were discovered to have tuberculosis, hitherto unsuspected cases. The yearly figure had varied upwards and downwards between 223 and 287 during the previous seven years (282, 268, 287, 234, 228, 223, respectively) and therefore 1964 showed the first sharp downward trend to be experienced. But in 1965 there occurred an appreciable upswing again. During the first ten months of the year 30 more new cases were reported than in the same ten months of 1964. Indeed, in all Canada, during the first ten months of 1965, there were reported 3,746 new cases of the disease—202 more than had been reported during the same period in 1964. Sad to relate, of these new cases over 500 were in the far advanced stages of tuberculosis by the time they were discovered.

In spite of this, we in Canada have much for which to be thankful in respect to tuberculosis. We have treatment beds where and when they are needed; we have clinic facilities for the diagnosis of new cases and the follow-up of healed cases; and we have social assistance to aid needy families to meet financial difficulties occasioned by this disease.

So much for tuberculosis here. Contrast the state of tuberculosis there, as pictured by Sam Keeny in the January 1962 issue of "T", one of the official publications of the International Union Against Tuberculosis:

"If I were a poor man in Asia today and had tuberculosis, my morale would be lower than a duck's belly. By poor I mean having only an average income for that part of the world, which means per-

*A talk given to the Rotary Club of Kentville, January 17, 1966.

haps the equivalent of U.S. \$300 a year with a family of four or five to keep.

"If I were living in a city I would expect to have to go to a crowded centre, where I should have to fight my way among perhaps 1000 others like me, losing a day's wages waiting for my turn. If I saw a doctor at all, it would probably be for only a minute or two. All too often I would be told that there was no isoniazid for me because the Government hadn't released the foreign exchange, or there was not enough money in the budget, or merely because somebody hadn't ordered stocks in time.

"If I were like the rest of the patients, part of the fault would be my own. If I got the tables I needed, I would take them for perhaps three months (the average for most patients); then I would feel better, kid myself that I was cured, and not go back. No one would remind me to do so; for the average TB centre usually has only three or four home visitors for thousands of patients.

"If I lived in the country, I should probably never see a doctor, let alone an x-ray. If I did see a doctor, he would make a diagnosis on the symptoms without any laboratory tests and in more than half the cases he'd probably be wrong. If he was correct, he wouldn't reach for free isoniazid—there wouldn't be any. Instead he would write a prescription and collect his fee. If he was the wrong kind of doctor, he would write the prescription for a proprietary drug, include a dash of vitamins with the isoniazid. I would have to go to the pharmacist in the nearest town and pay from ten to twenty times what the isoniazid costs wholesale. I should pay once or twice and then forget the whole matter. I would have to: my children would be hungry."

Tuberculosis everywhere? The World Health Organization estimates that 15,000,000 persons in the world have active tuberculosis which should be treated. Victims of the disease die at the rate of 3,000,000 each year, and each year 3,000,000 new cases of tuberculosis develop. This does not sound very much like progress.

1.5 billion persons, one half the world's population, have live tubercle bacilli, the germs of tuberculosis, within their bodies and from these will develop tomorrow's active cases and deaths.

The problems created by the germs of tuberculosis are compounded by malnutrition, lack of sanitation, and by overcrowding. In one area of Algeria the life expectancy of a newborn baby is, on the average, 5 years and 11 months. In Canada it is approximately 70 years.

In India there are about 150,000,000 sacred cows which must be fed while people starve. Sacred monkeys consume the equivalent of the total aid supplied to the country by the U.S.A. In India alone, an estimated 5 million people have tuberculosis, and one half million will die of it every year.

In a typical African country with a population of 3,200,000 there are hospital beds for only 150 tuberculosis patients in the whole country.

What does this mean to us?

Certainly it should tear at our heart strings, when one realizes that there are two kinds of tuberculosis: one for the well developed countries and one for the developing or poorly developed countries. Even if we wished to close our heart and our minds to the facts, can we really afford to ignore the tuberculosis unfortunates of other countries?

You or I could leave Halifax tomorrow morning early and be in India for breakfast the next day. More than 100,000 overseas foreigners travel in Canada, and over 340,000 Canadians travel overseas each year. Approximately 100,000 immigrants come to Canada annually.

In Canada much of our tuberculosis control work has been carried on by official agencies such as the Departments of Public Health, but a very great contribution is made on the voluntary level by tuberculosis organizations such as the Nova Scotia Tuberculosis Association and its 18 local associations. Each of the other provinces is similarly served by voluntary TB. Associations, which do wonderful work and co-operate with our national organization, the Canadian Tuberculosis Association, which was founded by Royal Charter in Ottawa in 1900, four years before its counterpart in the U.S.A., the National Tuberculosis Association.

On the international scene, the voluntary tuberculosis agency is the International Union Against Tuberculosis. The Union has its head office in Paris with a Dane, Dr. Johannes Holm, as its executive director. It is the Union of the voluntary tuberculosis associations of 83 dif-

ferent countries and has grown from 67 countries as recently as four years ago. Its members are both professional and lay.

The objectives of the Union are

a) to provide direct assistance towards strengthening voluntary agencies and in forming new agencies where they do not already exist.

b) to provide training courses for personnel, with increasing emphasis on the public health aspects of disease.

c) to provide fellowships for the training of professional and non-professional personnel.

d) to provide technical committees which make available to all countries the latest and best knowledge regarding tuberculosis.

e) to provide two publications "T" for lay readers and the "Bulletin" for professional workers.

f) to organize International Conferences every second year and scientific meetings in the intervening years. The latter are held in Paris but the International Conferences are held in different countries. The attendance usually numbers about 3000 persons from all over the world.

It has been my privilege to attend four of these International Conferences: Istanbul in 1959, Toronto in 1961, Rome in 1963, and Munich in 1965.

Canada has played an outstanding part in the Mutual Assistance Program of the I.U.A.T. In 1964, Dr. Eric Found of Charlottetown, then president of the Canadian Tuberculosis Association, and onetime staff member at the Nova Scotia Sanatorium, presented the Union with a cheque for \$15,000 to aid in setting up district tuberculosis associations in Ceylon.

The Ivory Coast Association is developing a comprehensive tuberculosis program. The Union has been very complimentary to Canada for its help in providing for them outpatient treatment centres, one of which is called the "Canada Clinic".

Indeed, Canada has made by far the largest financial contributions to the mutual assistance work of the Union of any country in the world, followed next by Sweden and then by the U.S.A.

We have good reason to be proud of this; firstly, because it has been done by us as Canadians and secondly, because it has been and is all on a voluntary basis. He who gives freely gives twice.

Time glides by with constant movement,
not unlike a stream.
For neither can a stream stray its course,
nor can the fleeting hour.

OVID

Mr. Maugham Leaves Life's Stage

Mr. Somerset Maugham died December 16, 1965, at the age of 91. It was as a great story teller and playwright that he was known the world over, but he had an added interest for those who have had a bout with tuberculosis because in a day when survival was the exception rather than the rule, Somerset Maugham recovered despite the fact that the disease was advanced before diagnosis.

It is a little strange to know of a person nowadays who likely contracted tuberculosis before Koch discovered the tubercule bacillus and proved that tuberculosis was communicable. Mr. Maugham's mother died of this disease but judging from the vividness of her son's recollection of her illness he must have been allowed to be around her a great deal. In later years he recalled that she drank asses' milk, that being considered good medicine for patients with TB, and he recalled that the animals were brought down the street and milked so that the milk would be fresh.

This was in Paris where Mr. Maugham's father was on the staff of the British embassy. When one imagines the reaction of officialdom now if animals were being milked in a fashionable part of Paris it makes one realize how much the world has changed in less than a century.

A child playing around the room of a mother dying of tuberculosis can scarcely have escaped infection but in all likelihood that was only the beginning because he elected to study medicine at university and interned in London hospitals 40 years before there was any thought of protecting staff from patients who might have tuberculosis in addition to some other illness and his brief career as a doctor was in Lambeth, another place where tuberculosis rates were high. This was where he wrote his first novel, **Liza of Lambeth** and on the strength of its success became a professional writer. He never called himself Dr. Maugham.

World War I came along and with it a great deal of physical hardship. Even after the war he went to Russia in the intelligence service where he seems to have been a bit short of food on occasion and cold a lot of the time and without medical attention when he felt ill—that is without any medical attention but his own and he didn't have any tools for diagnosis and no medicine to give himself. All he had was a pretty good idea of what was the matter, an idea strengthened when he began to cough up blood.

When he returned to England he went immediately to a doctor who sent him immediately to a sanatorium up in Scotland. He must have been the most contented patient there ever was. He just lay and read happily month after month, and observed the other patients. One of the short stories he wrote about his fellow patients was made into a movie 25 years later.

When the news of his death came over the radio we went over to the bookcase and took down his **Writer's Notebook**, which consists of jottings he made for future reference. What we came to was a comment made away back in the '20's. He had a theory that plays, to be interesting, had to be about those who were politically important. That was why up until the '20's there were so many titled people in a play. After the Boer War, said Mr. Maugham to his notebook, the aristocracy began to lose political importance and the wealthy middle class came up and plays were about them—Galsworthy's plays, for example. He fore saw that eventually the poorer classes would also become politically important because of universal suffrage and wondered if there would not then be plays about them.

If he went to see **Tobacco Road** or **A Taste of Honey** he would know that, as he guessed, there would be.

He was treated for tuberculosis when cure consisted of bed rest, good food and fresh air. One of the things his doctor told him was to have a rest every afternoon. He did. And he was not easily prevented. On one occasion he arrived at a hotel and found that his room was not ready and would not be ready for a few hours. He walked to a sofa in the lobby, stretched out and went to sleep with the traffic of the foyer moving around him.

There may have been greater writers but not many better story tellers.

TB . . . And Not TB
Canadian Tuberculosis Association

You can carry a pack if it's strapped to your back.

You can carry a weight in your hands.
You can carry a bundle on top of your head,

As they do in other lands.

A load is light if you carry it right.
Though it weighs as much as a boulder.
But a tiny chip is too heavy to bear
If you carry it on your shoulder.



Two views of the Patients' Dining Room, opened for use the first of December, 1965. A spacious room with accommodation for 64 patients, it is centrally situated and can be reached by patients of the Infirmaries and Annex without having to go out of doors. The service is cafeteria style. An air of lightness and brightness is created by the many windows, pastel walls, and the beautiful drapes and chair upholstery in dominantly blue shades. The pictures shown here were taken by Dr. J. J. Quinlan of the San. Medical Staff and George MacKay, first year student at Acadia University.

Credits: (1) Photo by Dr. J. J. Quinlan
(2) Photo by George MacKay



30 Years Ago

The opening page of Health Rays, February 1936 bore a poem, set in a black border, entitled "Requiem", which recalled to mind that George V, grandfather of our present Queen, died 30 years ago.

It was this issue of **Health Rays** that saw the start of the series all too short-lived, of "San Celebrities, biographical sketches that were uncannily perceptive and sparkling with wit. They were written by Donald Leslie, or "D.C.L.", as he inscribed himself, a young man of near genius, who at the age of 24 lost his long battle against tuberculosis.

The first "San Celebrity" to be thus treated was a notable choice, none other than Pat MacEvoy, then as now one of the best known and popular figures around the San. We quote the following paragraphs from this amusing and discerning sketch of Pat:

"Of all the patients who have been in the San during the past decade Pat MacEvoy is probably the most famous. The fact that he has remained here in good grace for over ten years off and on proves that he is more celebrated than celebrating.

"He is a Newfoundlander and also an Irishman; but the Irish predominates in Pat which helps him overcome the other difficulty.

"His hair and nose are two features which are deceiving; he is neither an octogenarian nor an Israelite.

"Wherever he is known Pat MacEvoy is synonymous with practical joking, spoofing and innocent deviltry. He and funniment go together like temp and pulse, or cod liver oil and tomato juice.

"In ordinary conversation he deals in irrelevancies and unexpected witticisms. In fact, one never knows just what he will say; least of all Pat himself. It is dangerous to engage in verbal combat with him. He may not have the last word, but he will have the best one.

"All the girls go for Pat in a big way which tends to show that you don't have to be a football hero or have curly hair. But it's mutual because he likes all the girls, too. This is leap year and Pat says that if some of the girls he knows set out to vamp him they will be surprised at the co-operation they will get.

"What the fair sex think of him is exceeded only by how he is regarded among the men which is an even better testimonial to his popularity. But after all, to say that Pat is popular is like saying that water is wet.

"While here he has served in various capacities and worked at several jobs, including clerk of the Canteen and radio announcer. In the Canteen he was required to do manual labour and broke down. At the microphone he was required to do a little mental exercise and it is reported that several listeners broke down.

"He is an excellent bridge, cribbage and checkers player, but doesn't care for poker, peggoty or marbles. He says the boys and girls play too rough.

"As a fitting tribute to Pat's position among us, he was chosen to speak for the patient body at Dr. Miller's anniversary banquet. He hopes to be out of here before the next silver jubilee, though.

"Much has been said about the impossibility of keeping a good man down, and Pat wishes the gods of fate would stop trying to disprove the theory. But they must be getting discouraged. He is a good soldier and can take it.

"Now his biggest job is to keep a good man up."

That's still our Pat!

A news item starts off like this: "It is with extreme regret that we note the departure of Dr. Robertson from the Sanatorium medical staff. Dr. Robertson came to us as a graduate from Dalhousie University almost two years ago, and during his stay here has made many friends among the patients. He leaves now to take up general practice in the province . . . The best wishes of his San friends go with Dr. Robertson on his new venture, and we shall follow his career with much interest." And happily that career brought him back into the Nova Scotia Department of Public Health, to rise to the high office of Deputy Minister of Health.

Top story, this: A Negro met an acquaintance of his on the street one day and was surprised to see that his friend had on a new suit, new hat, new shoes, and other evidences of prosperity.

"Hey," he said, "how come you dressed up this way? You got a job?"

"I got better'n a job," replied the other, "I got a profession."

"What is it?"

"I'se a orator."

"What's a orator?"

"Well, I'll tell you what a orator is," replied the resplendent one. "If you was to walk up to an ordinary man and ask him how much was two and two, he'd

(Continued on page 13)

Question Box

J. J. Quinlan, M.D.



Q. Is the primary tuberculosis infection always situated in the lung?

A. While the tubercle bacillus is almost always inhaled, causing tuberculous disease to begin first in the lung, there are other sites of primary infection. In days gone by, a frequent source of

tuberculosis was the drinking of milk from infected cows, causing the first infection to occur in the bowel. Today, in our part of the world, such a happening is extremely rare. A commoner portal of entry for the tuberculosis germ is the throat, and it is believed that in many cases of tuberculous glands in the neck the lungs are never involved. The tubercle bacilli implant themselves in the pharynx, causing tuberculous disease which, in turn, involves those glands in the neck which customarily receive their drainage from the throat. The original throat infection may go unnoticed by the patient, and the first indication he has of his tuberculosis is the appearance of lumps in the neck which may or may not be painful.

Q. What is meant by "classical symptoms" of tuberculosis?

A. It is fortunate that the large majority of individuals developing tuberculosis nowadays have their disease diagnosed by routine methods at a stage too early for symptoms to be apparent. As the disease progresses, it will cause disturbances of bodily function, and the so-called classical symptoms are: Loss of strength, loss of weight, loss of appetite, hoarseness, cough, expectoration, blood-spitting, fever, pain in the chest, wheezing, shortness of breath, and night sweats. Once in a while, we still see a patient who has most, if not all of these symptoms, but such an occurrence is most unusual.

Q. Does the chest X-ray always reveal cavities in the lung if they are present?

A. With modern X-ray techniques, the

great majority of lung cavities can be demonstrated. However, it is not unusual to carry out a lung resection on a patient and to find, together with the disease demonstrated by the X-ray, a previously unsuspected cavity.

Q. If a person suffers a hemorrhage from the lung and there is no medical aid present, what would the emergency treatment be?

A. First of all, the individual should be put to bed. It is important that the blood be coughed up, and most people can cough more effectively in a semi-sitting position which can be achieved by propping the patient up with pillows. Most pulmonary hemorrhages will cease by themselves if the patient is kept very quiet. However, a lung hemorrhage is a terrifying experience, and the individual will need plenty of reassurance that the bleeding is going to cease. Giving the patient ice chips to suck does no harm, and helps to remove a most unpleasant taste from the mouth.

Q. Does fusion in the spine or some other part leave some form of disability?

A. The purpose of a joint in a body is to allow movement of one bone on the other, and when fusion occurs such a movement can no longer take place. The amount of disability will depend on the joint fused. For example, a spinal fusion produces very little disability, because the spine contains numerous joints and only a few of them are immobilized. On the other hand, fusion of the knee joint produces considerable disability, and the crippling effect of a hip fusion is quite severe.

30 YEARS AGO (Con't)

say 'four', but if you was to ask one of us orators how much was two and two, he'd say: 'When in the course of human events it becomes necessary to take the numeral of the second denomination and add it to the figger two, I says unto you, and I says it without fear of successful contradiction, that the result will invar'bly be four'; that's a orator."

"Any beer bottles, lady?"

"Do I look as if I drink beer?"

"Any vinegar bottles, lady?"

HEALTH RAYS

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No. 2

STAFF

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EDITORIAL COMMENT

The death of Somerset Maugham last December came like the end of an era to many of us who have passed the middle years. In our formative days Maugham's novels and plays seemed the epitome of brilliant and graceful sophistication. At the same time they unfolded a story that was always vivid and gripping, and the manner of its telling was high literary art. He knew people, and situations, and places, and could blend them all with the skill of the most consummate storyteller.

By his own account no little of this skill was realized and developed in a Sanatorium, where he spent two years curing his tuberculosis. To him the time was not wasted, nor a hardship. In **The Summing Up** he writes of it:

"I had a grand time: I discovered for the first time in my life how very delightful it is to lie in bed. It is astonishing how varied life can be when you stay in bed all day and how much you find to do. I delighted in the privacy of my room with the immense window wide open to the starry winter night. It gave me a delicious sense of security, aloofness and freedom. The silence was enchanting. Infinite space seemed to enter it and my spirit, alone with the stars, seemed capable of any adventure. My imagination was never more nimble; it was like a barque under press of sail scudding before the breeze. The monotonous days, whose only excitement was the books I read and my reflections passed with inconceivable rapidity. I left my bed with a pang . . . I think I learned a good deal about human nature in that sanatorium that otherwise I should never have known."

We've been racking our brains to find a plausible excuse for the editorial boo-boo made in last month's **Health Rays**—we refer to the picture on page 11 which showed some San. buildings surrounded by trees in full foliage and grass abounding, bearing the implausible caption: "Winter Scene from Yesteryear".

The plain truth is that when we picked it from out the jumble of unsorted cuts in the H.R. office, peered and squinted at it, and decided, yes, it was indeed a snow scene, we had forgotten one important scientific fact: that magazine cuts, like photograph negatives, show dark where light and vice versa. In other words, the summer verdure appeared as winter's snows.

Perhaps one good thing will come of it—it may hasten the realization of a resolution made last year when we undertook to fill the vacant editorial chair. We resolved to spend the necessary time and effort—which would be considerable—to bring some law and order into the chaotic state of the H.R. cuts, which for many years had been tossed, without name or number, into cartons. A big job, but it may save another red face in the future.

What Is A Friend?

A friend! What is a friend? My friend is he who laughs with me, who weeps with me; one who encourages, praises, rebukes; who eats terrapin and turkey or bread and salt with me; who comes to me at the wedding feast, or stands with me beside the grave; who listens to my hopes, my fears, my aims, my despair; who rejoices in my success; who does not despise me in my misfortunes.

—Selected

NURSING NEWS

Congratulations to Mrs. Elsie (LeBlanc) Tracey, C.N.A., on the birth of a daughter.

We are pleased to have on our Nursing Staff as relief nurses Miss Stella Hines, R.N., and Mrs. Mildred (Holland) Althouse, R.N., and joining the staff full time, Miss Freda Gates, R.N.

Miss Carol Harding, Mr. Anselme LeBlanc and Mrs. Lena Kinsman, graduates of the Nursing Assistants Course at the Sanatorium, will join our staff February 1st.

On January 25th the LLadies' Auxiliary of the Gideon Bible Society presented Blue Testaments to 35 student nursing assistants at a special service in the Chapel.

The new ski lodge at Mount Martock is attract some of our staff for skiing.

Miss Grace Adams is on sick leave from her position as Nursing Office Secretary, having undergone major surgery. We wish her a speedy recovery.

COMMUNION SERVICE IN INFIRMARIES

On January 16 combined communion service for Baptists, United Church and other denominations were held in both the East and West Infirmarys, and were very well attended. Licentiate Henry Sharam, Baptist student chaplain at the Sanatorium, gave the meditation. Rev. J. D. MacLeod, United Church chaplain, conducted the communion service.

Plans are made for a second combined communion service, to be held at Easter.

The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore all progress depends on the unreasonable man.

—George Bernard Shaw

JANUARY CARD PARTY

The January card party, the first in the new Patients' Dining Room was held on the 18th, and was sponsored, by the Good Neighbor Club of Centreville. The president of the Club, Mrs. Manson, was in charge, and on hand to help her were Mesdames Middleton, Sheffield, Legge, Keizer, and Jess.

The refreshments, supplied by the ladies, were delicious, and in such good supply that those attending the party were able to take back a treat to their friends and porchmates who were not able to be there.

We understand from Mr. Barrett, who was present on behalf of the Sanatorium, that the party was very successful, in spite of Forty-fives being played under some strange new rules. The following were the prize winners for the evening: Checkers: High—Tom Gray, Low—Ella Spidle; Chinese Checkers: Claire Keefe; Cribbage: High—Alex Buchanan, Low—Frank Martin; Forty-fives: Men's High—Roland Turple, Men's Low—John Fougere; Women's High—Florence Belben, Women's Low—Myrtle Bolivar; Special Prize—Mary McInnis.

No sound disturbs the sullen peace
Of Winter now begun,
And nothing moves except a brook
That flashes in the sun;
Except a sleek and pompous crow
Who struts in yonder tree,
As though the Lord had stopped to look,
Instead of only me;
Except a wind that prowls about
Till bold enough to bite;
Frost painted leaves are in the air,
And clouds are put to flight.

—From **Snow** by Maurice Ronayne.

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COURAGE

by Rev. C. N. Slauenwhite,
Kentville Pentecostal Church

Among many gifts that God bestows upon us is that important weapon for fighting the battles of life. . . Courage.

No greater tribute can you pay to your Heavenly Father than to face difficult situations courageously, knowing that His presence is with you and you have no real reason to fear.

Such an attitude will also be of tremendous benefit to your own heart. Those who lack courage exhibit a lack of faith in the goodness of the Lord; in their own abilities and in those who are dedicated to the ministry of medicine. Depression and defeat are fed by fear; it is then only a few steps to panic and resignation.

How wise then to avail ourselves of the gift of courage that is at hand. We have every incentive for encouragement—the kind and qualified care and concern of the Staff; the prayers and hopes of our loved ones and the very nature of the human body that God has so constructed that it will naturally resist any invasion by disease.

Then we have the unailing promises of God, Himself. His words are recorded in Deuteronomy 31:6, "Be strong and of a good courage, fear not, nor be afraid . . . for the Lord thy God, he it is that doth go with thee; he will not fail thee, nor forsake thee."

However, we are quite human and it is no disgrace to be tempted to tremble in the face of fearful circumstances. It is never pleasant to be confined to bed; to have normal life disrupted or to face the unknown. But without these times of testing courage and faith would never be necessary or needed at all! Our umbrella is not required on a sunny day nor a light at mid-day. It is when the storm breaks and darkness settles down that we need shelter and guidance. In the face of tri-

bulation we have opportunity to prove our possession of courage.

Courage will reassure you that all is not lost; the world has not come to an end—there is hope and a ray of light ahead. God is too big to doubt Him and a host of others before us have proven that the bark of trouble is most often worse than its bite. Every day you are one step nearer victory and recovery. Every day new advance is made toward the goal that sometimes seems so far away.

Take courage, it is yours for the asking, and walk unafraid through today and into tomorrow. God will see you through. Then, when victory is won, give Him the praise for it was He that sustained you and provided you with sufficient faith for your time of trial.

'Tis winter now; the fallen snow
Has left the heavens all coldly clear;
Though leafless boughts the sharp winds
blow,
And all the earth lies dead and drear.

And yet God's love is not withdrawn;
His life within the keen air breathes;
His beauty paints the crimson dawn,
And clothes the boughs with glittering
wreaths.

O God! Who giv'st the winter's cold,
As well as summer's joyous rays,
Us warmly in Thy love enfold,
And keep us through life's wintry days.

—Samuel Longfellow.

"To get his wealth he spent his health,
And then with might and main;
He turned around and spent his wealth
To get his health again."

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Old Timers

Maybe it's the Florida-like weather we are experiencing that inspires her, but anyway, our faithful news-gatherer, Anne Mairie, seems to have come up with quite a bagful this time. This, naturally, pleases us very much (we like the weather, too!)

Lorraine Murphy, who was here in 1949 from L'Ardoise West, C.B., and who had been a stenographer at the Victoria General Hospital, Halifax, since she left the San, was married last Fall. She is now Mrs. Avariste Theriault, and living very happily in Montreal.

Conrad Thibault, who left here last year, is back at his old job of Bookkeeping in Halifax, and is getting on very well. Danny LeBlanc, who also left here just last year, wrote to Dr. Holden to say he had passed all his examinations at Christmas. Danny, who took his Grade 9 here, now attends Weymouth High School.

THIS HALF PAGE IS WITH THE
COMPLIMENTS OF

Don Chase, Ltd.

When Anne Marie was visiting in Yarmouth she saw Mrs. Clara Deveau of Salmon River, Digby Co. She is managing the family farm while her husband is in the hospital. Anne Marie says Clara, who was here in 1949, looks well and is "still comical". She sees some other Old Timers, especially Rosilda Deveau and Catherine Comeau Deveau, who was here in 1945. Steve Mullen also heard from Rosilda who lives at Cape St. Mary, Digby Co., and was here in 1953, when she sent in to renew her subscription. She, too, comments on her friend Clara Deveau, saying: "She keeps fine, lively as a bumble bee". For herself, Rosilda says: "I am fine, can't complain so far. There are still people at the San. I know, and I wish them the best, hoping their turn will come to be home. She concludes with good wishes for the doctors and nurses.

Olive Brown, now Mrs. DesChamp, who was here from Clarke's Harbour, Shelburne Co., in 1948, now lives in Manitoba, and has a family of three daughters. Mary MacGillivray, a 1946 patient, is well and looks after her home and adopted son at R.R. #1, Avondale, Pictou Co.

More news that came to Steve with renewals. Bertha Knockwood writes to say she is "still kicking but has a cold now—I can't seem to avoid a cold; it always catches up with me sooner or later". She

wishes to say "Hello" to all that knew her at the San, where she was a patient in 1961. Her home is in Springhill. Lillian Legacy, a 1951 patient, writes from Amherst that "things have been quite the same with me, and I'm happy to say I've been feeling good and still do part time work at Eaton's Order Office". She also continues her good work as secretary of the Cumberland County Tuberculosis Society, and for diversion she and husband, Frank, play in a Duplicate Bridge Club. With all that, Lillian looks after her large house and cares for her 84-year old mother. It doesn't sound like she has many idle moments!

As usual Marguerite MacLeod of the San. Rehab. Department had Christmas messages from many of her former students at Roseway as well as here. Mrs. Evelyn Hiltz, whom Marguerite says was an exceptionally good student, is now very happy in her cosy home in Chester. She has four children, three of whom sing in the church choir. Another Roseway patient, whom many of our Old Timers may know, is Mrs. Olive Brannen, who was 84 in December. She lives with her daughter at Woods Harbour, Shelburne Co., suffers from arthritis but can get around the house and go for car drives. And she faithfully does the **Chronicle-Herald** crossword puzzles. We wish her a win some time soon.

Mrs. Anne Bower, who was here in 1946, has improved so much in health that she is able to do some housework and also to help her husband with his work as postmaster, the post office being in their home at Baccaro, Shelburne Co. Edith Nickerson Allen of McGray's P.O., Shelburne Co., who was here in 1959, reports good x-rays now. She is proud to report getting her driver's licence, and that she and her family had a wonderful trip to Cape Breton in August. Also successful in getting his driver's licence was John Gabura, a 1957 patient who now works in Halifax. His wife, the former Vera Veno, who was here in 1939, also works in Halifax.

Bob Melanson, Belleville, Yarmouth Co., who was here in 1951, is fine. Eileen Surette, 1960, is now Mrs. Nathan Muise, happily married and living at Surette's Island.

Hazel Hamilton, now Mrs. Clayton Grinnell, writes from her home in Port Arthur, Michigan, that she is happy and well. Hazel was here in 1949. Joan Daurie McCarthy, who was here in 1953 and came

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from Clearland, Lunenburg Co., has travelled far and wide since then. She and her husband now live in Chilwell, Notting hamshire, England, after living for some time on the continent of Europe, where he had been stationed. She promises more news later.

Dorothy Hubbards Muise, widow of George Muise, also a former patient, is living in Yarmouth and working at hair-dressing and beauty culture. She was here in 1951. Rosalita Bush, now Mrs. Moyle Tumblin, lives at West Dublin, Lunen. Co. She sent along a snap of her nine-month old son, Randall. Sigrid Hatlen (Mrs. Sigurd Hatlen) writes from St. Peterburg, Florida, that she hopes to visit Nova Scotia next summer. She was here in 1957.

And finally news of two Old Timers who were here during Marguerite MacLeod's own curing days—the 'thirties, that is—Dagney Anderssen, (now Mrs. Karl Svenlin), writes from her home in Sweden that her x-ray reports continue good, and that she has visitors from Canada almost every year. She enjoys hearing San news, and asks to be remembered to all who knew her when here. Alberto Vidito, now Mrs. Robert Learmouth of Halifax, is also well. Her only son is attending St. Mary's University this year.

Another 'thirties Old Timer is Ada MacLeod Lynk. She writes to say that her husband has retired and they plan to spend two months in Barbados this winter. How lucky can you get!

A medical staff Old Timer, Dr. Rod Ideson, who was here in the 1940's, is now in general practice and also doing anaesthesia in Barrie, Ontario. The Idesons have three children, pretty well grown-up. We recall that the eldest was born while the Idesons lived at the San., in The Cottage, now just a fond memory, but then occupying the present Quinlan parking place.

Another doctor who has been on the medical staff at the same time, although for a very brief period, is Dr. Florence Murray. A circular letter from her speaks of the good work done in Korea by the Mission hospitals: "Medical work in Korea has improved considerably in the past few years and it is gratifying that Christian hospitals continue to be a credit to the Christian cause. In most public hospitals free treatment for poor patients is strictly limited, and unless mission hospitals can help, many will suffer without medical care." Of her own work she says: "Progress has been made in my own work in the Medical Records Department at Severance Hospital. Severance is the hospital for Yonsei University Medical College. University and hospital are Chris-

tian. I am training students in medical records science and teaching in the medical college".

We close with some notes from a circular letter received from Rev. Peter A. Nearing, a very well-known patient here some thirty years ago. In the December Old Timers column we mentioned hearing from Father Nearing from Glace Bay, where he was relieving in St. Anthony's Parish for his brother, who had suffered a heart attack. We are happy to report that "Father Joe" has made a "complete recovery". Father Peter Nearing has now returned to Madonna House, Combermere, Ontario, where he is engaged in writing a biography of Bishop John R. MacDonald. Of his life at Combermere he has this to say: "When I came to Combermere on July 1, 1964, it was to test my new vocation. With the generous blessing of Bishop Power, I am now here on a permanent basis, one of six full-time priest-members of this lay apostolic group."

GREETINGS FROM A "NEW" OLD TIMER

5 Starr's Rd.,
Yarmouth,
January 9, 1966

To the Editor and Staff of Health Rays:

May I take up a small space in your columns to express my sincere thanks to the doctors and staff of nurses who were so kind and considerate to me while I was a patient at the Sanatorium.

My stay was a pleasant one, perhaps because I was never very sick and could get out and enjoy the beautiful flowers which were growing everywhere.

Many thanks to friends who sent cards at Christmas time. I look forward to having the Health Rays every month and enjoy reading it very much.

My wish for the Editor and staff of Health Rays and all readers is for a bright and happy New Year.

Sincerely,
Jessie V. Nickerson.

After President Coolidge issued his famous "I do not choose to run" statement, he was besieged by reporters seeking a more detailed statement. One, more persistent than his fellows, followed Mr. Coolidge to the door of his library.

"Exactly why don't you want to be president again, Mr. Coolidge?" he asked.

Coolidge turned and looked him squarely in the eye. "Because," he answered "there's no chance for advancement."

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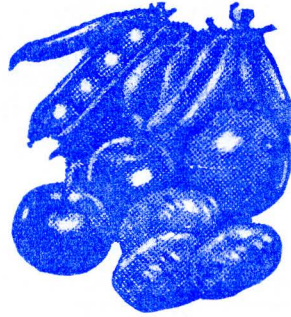
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Thursday 9:00-10:15—Request Programs

Friday 9:00-9:30 — Music Appreciation, alternating weekly with Mr. Barrett's program

Sunday 7:00 a.m.—Mass.

Evening Programs: (Monday to Saturday inclusive)

6:25-6:40—Vespers

6:40-6:45—Daily Report

6:45-7:00—Rosary

7:00-7:10—Op requests

7:00-7:25—Music (this is not heard on Saturday).

Special Evening Programs heard Regularly:

Tuesday—7:00-7:15—This is My Story (Salvation Army)

Sunday—5:45-6:15—Protestant Service

Sunday—6:15-6:45—Catholic Service

Three men are my friends:

He who loves me,

He who is my enemy, and

He who is indifferent to me.

He who loves me teaches me tenderness,

Who hates me teaches me caution,

And who is indifferent, self-reliance.

Author Unknown.

Dope: "Look at that bunch of cows."

Mope: "Herd, not bunch."

Dope: "Heard of what?"

Mope: "Herd of cows."

Dope: "Of course I've heard of cows."

Mope: "No, I mean a cow herd."

Dope: "So what if a cow heard? I didn't say anything bad."

Even in the midst of misfortune man carries within himself a permanent source of exquisite enjoyment: for he has always the power to do good.—Cousin.

TO BE A WRITER

... I do not know a better training for a writer than to spend some years in the medical profession. I suppose that you can learn a good deal about human nature in a solicitor's office; but there on the whole you have to deal with men in full control of themselves. . . . the doctor, especially the hospital doctor, sees it bare. Reticences can generally be undermined; very often there are none. Fear for the most part will shatter every defence; even vanity is unnerved by it. Most people have a furious itch to talk about themselves and are restrained only by the disinclination of others to listen. Reserve is an artificial quality that is developed in most of us but as the result of innumerable rebuffs. The doctor is discreet. It is his business to listen, and no details are too intimate for his ears.

... If you want to get any benefit from such an experience you must have an open mind and an interest in human beings. I look upon myself as very fortunate in that though I have never much liked men I have found them so interesting that I am almost incapable of being bored by them. I do not particularly want to talk and I am very willing to listen. I do not care if people are interested in me or not. I have no desire to impart any knowledge I have to others, nor do I feel the need to correct them if they are wrong. You can get a great deal of entertainment out of tedious people if you keep your head.

Somerset Maugham

—THE SUMMING UP

A CLEAN SWEEP

At a meeting of senior citizens, the speaker reached the climax of the talk and declared with fervor: "The time has come when we must get rid of socialism and communism and anarchism, and..."

At that point, a little old lady at the rear of the room arose feebly but with enthusiasm and, waving her cane in the air, shouted: "And let's throw out rheumatism, too!"

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Just Jesting



"Mama, why does the landlord object to children?"

Mother—"I'm sure I don't know. Go and see what the baby is crying about, and tell Johnny to stop throwing things at people from the window, and make George and Nellie stop fighting in the hall, and tell Larry if he doesn't stop blowing that tin trumpet I'll take it away from him."

* * *
I'm not overweight
I'm glad to report;
According to charts
I'm just three inches short.

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Other Times

The opera was "Rigoletto" and the scene that wherein Rigoletto tears his hair and makes moans because of the betrayal of Gilda.

Listening to the commentator who tells the story, one young girl turned to another:

"Why is he making such a fuss?" she asked.

"My dear," explained her friend, "it was a sin in those days."

* * *
Two spacemen from Mars landed near the home of a famous musician. They entered the house and glanced at the piano. Startled one of them addressed the keyboard, "OK, wipe that silly grin off your face and take us to your leader."

BIRD LIFE

Old Lady (to librarian)—I'd like a nice book.

Librarian—Here's one about the cardinal.

Old Lady—I'm not interested in religion. Librarian—But this is a bird.

Old Lady—I'm not interested in his private life, either.

JUST ROUTINE

Policeman: "Why didn't you report this robbery at once? Didn't you suspect something when you came home and discovered all the drawers opened and their contents scattered?"

Wife: "No, I didn't suspect a thing, I just thought it was my husband looking for a clean shirt."

* * *
Stopping at a wayside service station in Arizona, the woman motorist inquired:

"Do you have a rest room?"

"Nope", returned the attendant; "when any of us gets tired, we just sit on one of them oil drums."

* * *
The middle-aged man's wife had been badgering him for days to take some "youth pills" she bought for him. He finally relented one evening and took several of them before going to bed.

Next morning, she found it difficult to wake him. She shook him repeatedly and yelled, "Get up, it's time you were out of bed!"

"All right, all right," he answered, eyes squinted. "I'll get up—but I won't go to school."

* * *
Pastor: "So God has sent you two more little brothers, Dolly?"

Dolly (brightly): "Yes, and He knows where the money's coming from; I heard Daddy say so."

* * *
The local butcher and his wife presented their two babies at the church for christening.

"What are their names?" asked the minister.

"Steak and kidney", blurted out the nervous father.

"Joe, you fool," whispered his wife fiercely, "It's Kate and Sidney."

* * *
As part of their "KNOW Your City" project, a fifth-grade teacher escorted her pupils to a session of the City Council. The children were interested and attentive. But one youngster seemed puzzled. "Miss Jones," he whispered, "why does the man keep jumping up saying, 'I'm second in the ocean?'"

COULD HAPPEN HERE

Policeman — How did you knock him down?

Motorist—I didn't. I just stopped to let him cross the street, and he fainted.

* * *
Have you heard about the cannibals who cremate their victims and then add a teaspoonful of ashes to a cup of boiling water so they can have Instant People?

MOTHER'S LITTLE HELPERS

This is the story of a widowed mother of two little girls who was being courted very discreetly by a prominent business man in the town where they lived.

The two little girls, anxious to further the romance, decided to send the gentleman a valentine from their mother.

Wanting a word to rhyme with "valentine," the older girl remembered one that she had learned at Sunday School.

"I'm not sure what it means, but it's in the Bible, so it must be okay. Besides it was used by King Solomon, so it should be romantic enough for a valentine."

This is how a bewildered gentleman came to receive a gawdy, lacy valentine that read:

"If you will be my valentine,
I will be your concubine."

Teacher (warning her pupils against catching cold)—"I know a little boy seven years old, and one day he took his new sled out in the snow. He caught pneumonia and three days later he died".

Silence for a few seconds. Then a voice from the rear: "Where's his sled?"

A young lady whose charms were well placed was telling her girl friend that her wealthy benefactor had just purchased a beautiful new toupee.

"Sure, you can put a new top on a convertible, too," quipped the pal, "but if the motor's worn out—forget it!"

What they ought to do is cross electric blankets with toasters and pop people out of bed in the morning.

A high school boy took home from the library a book whose cover read "How to Hug", only to discover it was volume 7 of an encyclopedia.

I am captain of my soul;
I rule it with stern joy;
Yet I think I had more fun
When I was a cabin boy.
—Selected

Two drunks had intentions of seeing a Western film but by error stumbled into the ballet. After watching the ballerinas prance about for five minutes, one drunk turned to the other and said, "If they wanted tall girls, why didn't they hire tall girls?"

Then there was the small town wife who objected to the specialist in the city operating on her spouse . . . She didn't want any strangers opening up her male.

Two grandmothers were bragging about their grandchildren, and: one, quite impressed, asked the other:

"How old are your grandsons?"

"Well," replied the other with great personal pride, "the doctor's two and the lawyer's four."

JUST SO HIGH

Milkman: "Do you really want 24 quarts of milk today?"

Lady: "Yes, I've always wanted to take a milk bath, and I need 24 quarts to do the job."

Milkman: "Pasturized?"

Lady: "No, just up to my waist."

"So you met your wife at a dance! Wasn't it romantic?"

"Not exactly. I thought she was at home taking care of the kids."

DOWN ROVER!

Two dogs were having a chat when one of them noticed that the other was feeling awfully low.

"Why don't you go see a psychiatrist?" the second dog asked the first.

To which the first replied: "You know I'm not allowed on the couch."

INFLUENZA has been known to man since ancient times. Italian astrologers thought it came from an influence of the heavenly bodies. That's why they used their word for influence, "influenza", as a name for the disease.

WITH THE BEST OF INTENTIONS

A friend of mine just got a divorce, and his wife married again, but my friend was worried about his 10-year old son. When he saw his kid, he asked about his stepfather, "Is he treating you well?" he asked. Young Charlie said, "Oh yes, he's a nice man. Every day he takes me out on the lake rowing and lets me swim back to shore. Yesterday he took me out eight miles, and I swam all the way back to shore by myself."

The boy's father was concerned. "Son," he said, "swimming eight miles is pretty difficult for a 10-year-old boy." The boy said, "No, that part's okay. The really tough part is getting out of the Burlap bag."

A man came home and saw his children on the front steps and asked what they were doing. "We're playing church," they answered.

The puzzled father inquired further and was told, "Well, we've already sung, prayed and preached, and now we're outside on the steps smoking."

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OOPS!

Two men stopped their car outside an English village pub and went in for a drink. They asked the proprietor whether anyone in the village had a black cat with a white ring around its neck.

"Yes," he said. "There's one in a cottage up the road."

"Is it a very, very big cat?" asked the driver.

"No, just a kitten."

"Well, is there a very big black dog with a white ring around the neck?"

"No, no dog," said the proprietor.

The driver turned to his friend. "There," he said, "it was the vicar we ran over!"

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