

NOVA SCOTIA SANATORIUM

VOL. 46

JUNE, 1965

NO. 6

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DAILY: 3.15 - 4.45 P. M.

DAILY: 7.30 - 8.30 P. M.

Absolutely no visitors permitted during

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*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. Slauenwhite</i>
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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

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VOL. 46

JUNE

No. 6

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.

Medical Superintendent



Our patients and staff are to be congratulated upon their two fine variety shows. It is granted that the first one was programmed predominantly by the postgraduate nurses who were here on course, but the shows have brought to light much talent, heretofore hidden, as far as we were concerned. Our thanks are extended to them for having given us

two very pleasant evenings' entertainment. Now I know why Doctor Holden has her name plate facing her on her desk!

Our thirteenth 6-week summer course in Clinical Pastoral Training commenced this year on May 17 under the direction of Professor (Rev.) Charles Taylor of Acadia University, assisted by Rev. Howard Taylor of Canning, and our own social worker, Donald Brown. This year the course is over-subscribed with fifteen students in attendance. Its normal complement is twelve. The course is a very intensive one with plenty of assigned outside reading, much writing, and a very full day every day. It is a privilege for the Sanatorium to host this group and also for certain staff members to participate in lectures and seminars.

From far away Bombay, India, we welcomed Mr. Adi Jagosh who has been in charge of our physiotherapy department for the past nine months. Now we welcome, too, his daughter, Mrs. Bhesania, who is also a registered physiotherapist. From them and our Mrs. Cook we expect great things in this department which has grown considerably in regard to helpful undertakings of late and should develop more within the next year. On June 1,

Room 109 was added to the physiotherapy suite to provide more room for the work of that department.

How many of you have visited our Library lately? Under the able direction of Curtis Gaul, a patient-worker (both ways) he has organized our sub-libraries on each floor and keeps the magazine racks filled. Have you read "The Comfortable Pew" yet? Well, he has it and many other interesting current books. If you want to see the Librarian, ask your nurse for Curtis. (Any complaints, ask for Sam! Ed.)

The Sanatorium "Professional Education and Research Fund" needs a boost. If any of you know of anyone with a few dollars to spare and who would like to help along a good cause, please tell him or her about the Fund. Official receipts for income tax purposes are issued for all donations. Prospective donors may write to me for further particulars. Right now we are looking for about \$3,000 for some new and more advanced pulmonary function testing equipment. Every little donation helps.

We welcome Lic Henry Sharom as Baptist student chaplain at the Sanatorium for the next year. He replaces Rev. David Wilton who received his degree of Bachelor of Divinity from Acadia in May. Our very best wishes go with him in his new work.

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

—Selected.

Tuberculosis In Nova Scotia — 1964

A short talk delivered to the Yarmouth County Tuberculosis Association, April 28, 1965 and to the annual meeting of the Nova Scotia Tuberculosis Association, May 8, 1965 by Dr. J. E. Hiltz, Administrator of The Tuberculosis Control Services in Nova Scotia.

Although 1964 reports have not been received as yet from three of the nine Health Units in Nova Scotia, we do have certain information available from all areas.

This would seem to indicate a very slight increase in our death rate which is now 3.8 per 100,000 population. Twenty-nine Nova Scotians died of tuberculosis this year compared to 28 in 1963, 1962, 1961 and 1959 (33 in 1960).

In regard to new cases found, we have, in 1964, experienced our greatest reduction in recent years. There were only 168 new active cases reported compared to 223 in 1963, 228 in 1962, and 225 in 1961.

There was a further slight decline in reactivated cases (inactive disease becoming active once again.). Fifty-five such cases were reported compared to 58 in 1963, 73 in 1962, and 84 in 1961. We like to think that the decreasing number of reactivated cases over the past number of years is a reflection of more adequate treatment being available and perhaps the more conscientious adherence to treatment principles by patients.

There are two very bad ways for health departments to keep down the statistics on new cases found each year.

- 1) Do not look for them, and
- 2) Do not report them when they are found.

We are sure that neither of these is a factor in our falling rates. Another bad procedure is entirely in the hands of the general public—refusal to be examined. This operates to some extent but, generally speaking, people can be educated to accept good public health procedures if they are approached in a knowledgeable but kindly fashion and if they are provided with the consideration and privacy which all of us have grown to expect in this modern age.

The following, in order of priority, are important procedures which, if conscientiously pursued, would lead to the control of tuberculosis:

1. Adequate supervision and moral support of patients undergoing active treatment of tuberculosis in hospitals and sanatoria, and convalescent treatment at home. This should include a

visit by a physician or nurse at least once a month at home or at a clinic. No more than approximately one single month's supply of drugs should be given to a patient at any one time. This makes for better supervision of treatment.

2. An examination including a minimum of a chest X-ray and sputum tests of every case of healed tuberculosis at least once a year on a life-time basis. Our 13,000 known cases of inactive tuberculosis yield twenty times the percentage of cases of active tuberculosis (reactivation) as are found by examination of the general population.

3. The examination of contacts of known cases of tuberculosis, not once but yearly, as a minimum.

4. The examination of all known diabetics and those persons with a positive tuberculin test who are taking corticosteroid drugs for any condition on at least a yearly basis.

(Items 1, 2, 3 and 4 are functions of a well-run Clinic Service.)

5. The chest X-ray examination of all admissions to general hospitals. This is a high yield group as far as tuberculosis is concerned.

6. Tuberculin combined with chest X-ray surveys of community groups

- a) High incidence and close contact groups (jails, barbers and hairdressers, food handlers, etc.)
- b) General community surveys.
- c) School surveys.

The fact that tuberculin testing surveys are not high on this priority list does not mean that they are not important. It does mean, however, that they may provide a relatively low yield of new cases per dollar spent. None the less every new case found is one for whom treatment is available and becomes one no longer likely to spread tuberculous infection to others.

It is impossible to speak too highly of the excellent work of the Nova Scotia Tuberculosis Association and its local associations, not only in regard to case finding, but also in respect to health education, rehabilitation, and assistance with research projects. It is a pleasure for me to tender on behalf of the Tuberculosis Control Services our sincere thanks and appreciation of this partnership.

The Mass Survey For Tuberculosis

The following is taken from the report given by Ralph E. J. Ricketts, Executive Secretary, at the annual meeting of the Nova Scotia Tuberculosis Association in May 1965.

I feel it is important for you to be aware of the thinking and philosophy of mass survey programmes. In so doing, it is a pleasure to report that Dr. Jeanes (Executive Secretary of the Canadian Tuberculosis Association) initiated the first institute on case finding and survey organization in Toronto in mid-April. All present were most grateful to him for a really excellent programme, and it was most interesting to hear the views of personnel engaged in this type of work across Canada and the United States.

One important conclusion reached was that mass surveys are not a thing of the past. We should and must evaluate the type of mass survey programme we are carrying out, but they will remain as a factor in finding tuberculosis, despite the fact that they produce the lowest yield.

At this meeting we were privileged and honored in having as the keynote speaker Dr. I. J. Brightman, Assistant Commissioner of Chronic Disease Services, New York State Department of Health. The title of his paper was "Surveys in Tuberculosis Control Today". This was quite possibly one of the most thorough and informative addresses ever presented on this topic before a group such as ours.

One interesting point Dr. Brightman mentioned was the fact that if 756 deaths occurred because of poliomyelitis, this would be looked upon as a national emergency, and yet we quite complacently sit by when the same number of deaths occur from the disease tuberculosis.

Let us consider just what mass surveys do: They can tell us through the use of proper statistics where we have gone, and should show the trend as to where we are going. A mass survey is an activity which is easily defined—it has a clear-cut target and the principles on the whole are easy to apply.

In our province to date, and until we completely survey the whole province, we shall continue to apply our present principle, and that is the matter of an intensive house-to-house campaign. Incidentally, it is of interest to point out the unanimous agreement in regard to the complete futility of endeavouring to carry out any mass survey programme unless it is accompanied by a thorough house-to-house canvass, with the inclusion of hundreds of volunteer workers. We

are not far from this point in Nova Scotia, and therefore I feel the time has come when we must sit down and project our thinking through an evaluation of our present programme: It can be based on a study of the number of new cases found; the positivity rate, and the cost of finding each new case. With reference to this point, Dr. S. J. Holling, Director of Tuberculosis Control for the Province of Ontario, mentioned during a recent luncheon address to the delegates attending the CTA institute this very matter of cost. He raised a most pertinent point. Is it not well worthwhile to spend, let us say, \$3,000 to find a new case of tuberculosis through a mass survey programme, rather than allow that case to go undetected for a greater length of time? This undetected case could result in treatment being required at double the cost per year for those infected by this hidden reservoir of tuberculosis. Based on the results of the study referred to, it may be decided we should screen only selective population groups; maintain a team or teams which will be available to do an intensive survey of bushfire epidemic areas.

I am sure we all agree that any survey work, whether it be a mass x-ray programme or a mass tuberculin testing programme, is worthless without thorough and repeated follow-ups—as cases become more difficult to find, then the efforts must be increased—the need for accurate records is increasing because only through statistics can we attempt to evaluate our programme.

One other factor is the willingness of the community. Are they interested in a survey? Has there been a proper educational programme carried out? How much of the responsibility of surveys rest with the community? How much should we expect from the community? Contrary to some beliefs, the general population groups are more and more amenable to mass public health programmes, and the mass surveys do reach every segment of the population. Another important facet in surveys is the value of the investigation of contacts and provides a very productive follow-up.

Again bringing the volunteers into the picture, it is interesting to note that in the United States the National Tuberculosis Association is urging local groups to be more and more active in the follow-up of inactive cases and/or positive Heaf reactors. In one area in Canada, a positive TB Reactor Register is being set up,

and efforts are being made to do at least a five-year follow-up on this group.

Some months ago a meeting of the Health Unit Directors and other interested personnel was held to discuss the tuberculosis programme, and one point arose which received the full approval of this group and which can be put into force, and that is that all over forty, whether or not they have a tuberculin test, should have an x-ray during these surveys.

Here in Nova Scotia I must rely fully on the guidance and advice of the Health Unit Directors for the type of programme the tuberculosis association carries. The Tuberculosis Association has tremendous potential for assisting the official agency in a control programme, and it is mainly a matter of deciding where and how we can serve best. We have the organization, we have the volunteers, we have the experience, and this can be put to good use in assisting the tuberculosis programme of our province.

Rehabilitation Of The Tuberculous

A report given by F. G. Barrett, Director of Rehabilitation, Tuberculosis Control Services, at the annual meeting of the Nova Scotia Tuberculosis Association.

Early in my career in this field I remember reading a pamphlet entitled "Rehabilitation Needs of Patients in County". This title, of course, points up what we should never forget; namely, that the rehabilitation programme must be geared to the needs of the persons with whom we are concerned. It seems appropriate, then, to look at the patient population as it is in our two sanatoria—the Nova Scotia Sanatorium and Point Edward Hospital—at the present time.

Some things are obvious, whereas some details can only be made clear by consideration of tabulated statistics. The population is definitely growing older; the median age would appear to be well over forty. This fact is rather strong evidence that we cannot do much to change the vocations of many of our patients; indeed, we might say that we have little opportunity to change their manner of living in any way whatsoever.

Another obvious fact is that our patients are not staying with us as long as they used to do. This also reduces our opportunity to change the direction of their lives even when we consider those who are of a relatively tender age—that is under forty. Fewer and fewer patients stay with us long enough to complete a course of study and, knowing that the chances of completing a course are slim, fewer and fewer are willing to make a beginning.

These considerations then lead me to the conclusion that I have expressed before that our rehabilitation programme—as it applies to the bulk of the patient body—must be geared to doing what is possible to make the cure as acceptable as possible.

Group I

It is obvious daily that many patients do not expect to take the cure, that they are not sufficiently motivated to this activity or, should we say, to this lack of activity. I am deeply concerned that so many of our patients do not seem to believe that the cure is designed with their best interest in mind and do not willingly accept the long periods of rest and restrictions on their activities. Somewhere, from somebody, they get the impression that the same results can be accomplished in a manner which will interfere to a much lesser extent with their normal activities. This, I believe is the basis of their apparent lack of co-operation and discontent.

For this group of patients the rehabilitation programme—defined as the opportunity to make good use of one's time—has no appeal. They wish to be entertained if they remain—and that is all. The elderly patients require/desire much the same type of service but they are more accepting and less demanding. For this first group of patients, it is my firm opinion that we should undertake a study in depth in an attempt to understand their attitudes and that this should be followed with an educational program designed to change those attitudes. I believe that the assistance of our health educators would be most useful.

Group II

The second group of patients, namely the children, do not present such obvious problems: They are generally happy; in many instances better fed and clothed than they have been at home; and they do in almost every instance keep up with their school work if they are of school age. I suspect that their stay here at the Sanatorium gives rise to problems for their parents when they return home—in other words, I suspect that they are

fairly well spoiled. Certainly the break in the authority of the parents must be hard to repair when the family is reunited. Very few parents are able to travel to the Sanatorium so frequently that they are able to keep anything approaching an intimate contact with their children.

Group III

We have, however, a third group of patients which we can look to provide the satisfactions which we must obtain if we are to find the work interesting and gratifying. These are the patients who are willing to look upon their stay at the Sanatorium as an opportunity to improve themselves—these are the patients who are willing to make good use of their time. Here, of course, the interest and ambition shown is of varying degrees and we are indeed fortunate when the interest is maintained throughout the whole period of hospitalization. I know that no one could be more welcome on a rehabilitation staff than someone who understands the attitudes and behaviour and possesses the skill to modify attitudes and behaviour so that patients may adjust to the circumstances in which they find themselves during their period of cure. Tolerance, perseverance and a sense of humour seem to be most necessary qualities both of patients and of staff.

NURSING NEWS

Congratulations are in order for Mrs. Carol (Gaudet) Weatherbee on the birth of a son.

Mr. and Mrs. Peter Haba are leaving for Toronto in June to take up residence there. We regret to see them go.

Miss Madeline Spence, R.N., Mrs. K. Dakin, R.N., Miss E. MacQuarrie, R.N., and Miss D. Arthur, C.N.A., are on sick leave. We hope they will soon be feeling better.

We are short of Registered Nurses and hope vacancies will be filled in the near future. If any of your friends are nurses and interested in Tuberculosis Nursing we would welcome applications.

Mrs. Wilda Marcotte, C.N.A. represented the Nursing Assistants at a Gideon Zone Rally and Dinner held in the United Church, Kentville on May 8th. Mrs. Hope M. Mack, Director of Nursing was a guest at the dinner.

The Annual Meeting of the Registered Nurses Association of Nova Scotia was held in Halifax, May 19th., 20th, 21st. Nurses attending from the Sanatorium were Mrs. Mack, Miss Dobson, Miss Skerry and Miss Wilson. Mrs. Mack completed her second year as president of the Association.

Miss B. Dexter, R.N. and Miss E. MacQuarrie, R.N. attended the annual meeting of the O.R. Group on May 17th and 18th. at the Victoria General Hospital and the Halifax Infirmary.

The Annual Meeting of the Certified Nursing Assistants Association is being held in Sydney, June 12th.

THE NEIGHBORLY MAN

Some are eager to be famous, some are striving to be great,
Some are toiling to be leaders of their nation or their state,
And in every man's ambition, if we only understood,
There is much that's fine and splendid;
every hope is mostly good.
So I cling unto the notion that contented I will be
If the man upon life's pathway find a needed friend in me.

I rather like to putter 'round the walks and yards of life,
To spray at night the roses that are burned and browned with strife;
To eat a frugal dinner, but always to have a chair
For the unexpected stranger that my simple meal would share.
I don't care to be a traveler, I would rather be the one
Sitting calmly by the roadside helping weary travellers on.

I'd like to be a neighbor in the good old-fashioned way,
Finding much to do for others, but not over much to say.
I like to read the papers, but I do not yearn to see
What the journal of the morning has been moved to say of me;
In the silences and shadows I would live my life and die.
And depend for fond remembrance on some grateful passers-by.

I guess I wasn't fashioned for the brilliant things of earth,
Wasn't gifted much with talent or designed for special worth,
But was just sent here to putter with life's little odds and ends
And keep a simple corner where the stirring highway bends,
And if folks should chance to linger, worn and weary through the day,
To do some needed service and to cheer them on their way.

—Edgar A. Guest.

They are able because they think they are able.

Vergil

30 Years Ago

The **Staff Notes of Health Rays** in June 1935 began like this: "Early this month the medical staff suffered a change in personnel. This came with the departure of Dr. Donald MacRae on June 10. Dr. MacRae came to the Sanatorium in the capacity of resident physician just one year ago; the previous summer he had spent three months here as interne . . . From the Sanatorium Dr. MacRae goes to the Royal Victoria Hospital, Montreal, where he purposes to take up specialized work in Nose and Throat." As an interesting "follow-up" on that note, we reprint an item from the **Chronicle-Herald** just 30 years later: "Dr. Donald M. MacRae, Halifax, was elected president of the Canadian Ophthalmological Society at the annual meeting of the society held in Vancouver." We are proud to claim Dr. MacRae as Consultant Bronoscopist on the Sanatorium medical staff.

Then the **Staff Notes** of 30 years ago continue with this bit of news: "Taking the place of Dr. MacRae we have Dr. Earle Hiltz, Truro. A classmate of Dr. MacRae, he spent the past year as a staff member of the Victoria General Hospital, Halifax." Rumor has it that Dr. Hiltz is still connected with the Sanatorium, too.

Still with the medicos, this time it is Dr. G. Murray Smith, Director of the Fundy Health Unit, with headquarters in Windsor. From a breezy monthly column called "In the Dining Room" comes this paragraph: "Birthdays seemed rather forgotten for a few weeks, until the tenth, when Murray Smith tried to get through the day and the dining room without letting anyone know that nineteen years ago Doc. Smith, Sr., was prancing up and down some corridor. Never mind, Murray, those things will be known. Thanks to Miss Brown's staff for the delicious cake that was given Murray—butter with it." Murray Smith, undoubtedly one of the liveliest patients ever at the San., nevertheless did a sincere curing job, went on to take his medical degree at Dalhousie University, joined the Department of Public Health, and has put his great knowledge of tuberculosis to good use ever since.

Health Rays of June 1935 saluted a very famous Tb-er, Robert Louis Stevenson. The story of his literary accomplishments in the face of terrible illness is almost incredible. As he himself wrote to a friend: "For fourteen years I have not had a day of real health. I have awakened

sick and gone to bed weary, and have done my work unflinchingly. I have written in bed and out of it, in haemorrhage, in sickness, torn by coughing, written when my head swam for weakness". And his accomplishments? "The answer is found in the 37 volumes which are the fruits of these years—ten full novels, one unfinished novel, three books of poems, a book of unproduced plays, several books of short stories, and a miscellany ranging from essays and travel notes to his letters and 'Prayers'. The best of this work includes *Treasure Island*, *Kidnapped*, *Thawn Janet*, *The Strange Case of Dr. Jekyll and Mr. Hyde*, and *A Child's Garden of Verses*."

Reading the **Floor Notes** we discover that one of the "pavilion girls" of those days is now a dignified teacher with our Rehab. staff. "Bea, Dagny and Ruby are thinking seriously of organizing a 'Humane Society' for the protection and preservation of Junebugs, much to the disgust of Marguerite MacLeod, whose pet ambition is to vacation in Little America until the bug season is over." Those were "the good old days" when porches didn't have screens, of course.

And from the joke page: Rastus was dead. A wonderful funeral was in progress. The preacher talked at great length of the fine traits of the deceased brother; what a good, honest man he was; what a good provider for his family; what a loving husband and father. The widow grew restless. "Johnnie", she whispered, "go up there and look in that coffin and see if that's yore pa he's talking about."

Sometime, when you're feeling important,
Sometime, when your ego's in bloom,
Sometime, when you take it for granted
You're the best qualified in the room,
Sometime, when you feel that your going
Would leave an unfillable hole,
Just follow these simple instructions
And see how it humbles your soul.
Take a bucket and fill it with water
Put your hand in it, up to your wrist;
Pull it out, and the hole that's remaining
Is a measure of how you'll be missed.
You may splash all you please when you
enter,

You can stir up the water galore.
But stop—and you'll find in a minute
That it looks quite the same as before.
The moral in this quaint example
Is, do just the best that you can;
Be proud of yourself, but, remember,
There's no indispensable man.

—Author Unknown.

Question Box

Dr. J. J. Quinlan



Q. How are tuberculous cavities in the lung formed?

A. The development of the tuberculous lesion is frequently characterized by the formation of a soft cheesy material in its center, a process referred to as caseation. As this softening progresses, the caseous material may rupture into one

or more bronchial tubes in which case it is coughed up. This results in a defect in the lung substance, and this, in fact, is a pulmonary cavity.

Q. What is "scattered trouble", and is it more difficult to heal than a cavity?

A. By the rather loose term, "scattered trouble", we usually mean multiple tuberculous lesions dispersed in various parts of the lung and separated by normal pulmonary tissue. Whether or not this form of the disease would heal more readily than the cavity will depend on its nature, and in particular, how much local lung destruction has occurred. In some cases, on appropriate drug treatment, this scattered form of the disease will clear rapidly and completely; in other instances, it will heal slowly or not at all, and may at times require resection.

Q. What is the difference between fibrosis and calcification?

A. Fibrosis refers to the formation of scar tissue. It is an integral part of the tuberculous lesion and represents the effort of the body to repair the damage done to it by the tubercle bacillus. When tuberculosis undergoes true healing, it is totally replaced by scar tissue. The fibrosis in your lung is made up of the same material as the scar of your appendix incision. Calcification refers to the formation of stone-like material in the organs. In tuberculosis, it is preceded by caseation, and is most common in the primary infection type of the disease. Unlike fibrosis, it does not necessarily represent true healing, it being possible to culture virulent tubercle bacilli from lesions which have been calcified for many years.

Q. Is it true that a patient with arrested tuberculosis is apt to have a positive sputum when he has a cold?

A. The word "arrested" is no longer used

with reference to tuberculosis. The patient with inactive tuberculosis must by definition always be sputum negative. If tubercle bacilli are found in the sputum at any time, it means that his disease is active, and that treatment is required.

Q. If bronchiectasis is present, is there danger of tuberculosis?

A. Bronchiectasis by which is meant widening and usually infection of the bronchial tubes, is a common result of tuberculous disease, but occurs as a result of many other types of pulmonary infection. In these latter cases the incidence of tuberculosis is no greater than it would be in a non-bronchiectatic individual.

Q. Why is it that most tuberculosis patients gain weight almost as soon as they start drugs, even though the disease is not yet under control?

A. A person gains weight because his food intake is greater than what is necessary for the maintenance of his bodily functions. The antituberculosis drugs act quickly in eliminating the toxic effects of the disease, evidenced by such signs as an increased sense of well-being and improved appetite. More calories are taken in the diet and because the patient is at rest, far fewer are expended for his every day needs. The body stores the excess as fat, and the patient's weight increases.

THE CROW

Hobo, or black-cloaked villian of the skies:

Marauder of young nests, and, to our scorn,

A thief of anything. Your beady eyes
Can spot a farmer's field all new in corn,
Telling the gang with your own bongo-drum

Of caw, caw, and communicable caws,
Till from the suburbs of your sky they come

In straight but flapping flight to fill their craws.

Clever and wary, feathered fool, or clown:
Odd comic of the fields: consider that
Queer wobble in a furrow, up, and down,
That perky perching on a scarecrow's hat.

But we won't call you either friend or fie,

We neither love nor hate you,—dammed old crow!

W. R. W.

Montreal, P. Q.

HEALTH RAYS

VOL. 46

JUNE

No. 6

STAFF

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

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

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EDITORIAL COMMENT

It is gratifying to find the names of so many Sanatorium Old Timers turning up on the roll calls of the various tuberculosis associations throughout the province. It shows, among other things, that they realize the supreme importance of prevention and early diagnosis in the war against tuberculosis. It also shows that they are ready to expend time and effort to keep others from the danger of falling victim to the disease that had exacted a long and costly toll of their own strength and finances.

Recently we came across a short article in a sister publication. **The Link**, that offered advice and admonition along these lines. It is well worth reprinting here:

"All sanatorium graduates should be "health missionaries" in their communities. They can be a wonderful help in encouraging friends and acquaintances in their neighborhood who have suspicious symptoms of tuberculosis, or who have lived in contact with active cases, to be examined.

"By visiting others in the community who are found to have tuberculosis, they can do probably as much as the doctors and nurses to encourage them and to get them started on the road to recovery. They should promote health education in the schools, they should encourage the establishment of clinics and health activities in their counties and should do what they can to establish and organize county tuberculosis associations or to strengthen such organizations if they are already established. All should taste the real joys of helping to overcome tuberculosis in others as well as in themselves."

At the risk of being considered a confirmed backward-looker, we make yet

one more comparison with the old days. Watching the patients' Variety Show and admiring the skill with which the guitar players handled their not-so-small instruments, we recalled an occasion back in the 'thirties when a new patient arrived at the Sanatorium bearing his ukelele. It was a big, big joke, that made the rounds of the entire institution—that anyone should imagine he could play even a ukelele while taking the cure!

COLLECTOR RECEIVES AWARD

At the Royal Philatelic Society of Canada convention that was held at the Nova Scotian hotel, Halifax, from May 13 to 15, 1965, Dr. J. E. Hiltz, our Medical Superintendent, was the winner of a Gold Medal for his display of Danish West Indies stamps and covers, in the Maritimes competitive exhibits.

ATTENTION TRAVELLERS

Through the courtesy of the ticket agent of the Dominion Atlantic Railway we have learned that it is now possible to travel from Kentville to Sydney in less than twelve hours. Leaving Kentville at 8.45 a.m. you can arrive in Halifax at 10.45 a.m. It is now possible to leave Halifax by train at 12.00 noon and be in Sydney at 7.05.

MORE CANCER THAN TB.

Surveys in Hamilton in the past two years have discovered more cases of lung cancer than tuberculosis.

In 1964 mass industrial surveys detected seven cases of TB and nine cases of confirmed lung cancer, Dr. W. D. Jamieson of the tuberculosis control division of the Ontario Health Department said at the Canadian Tuberculosis Association meeting yesterday.

COMMERCIAL AND INDUSTRIAL COURSES

During the past eleven months twenty-two of our patients have studied commercial and industrial subjects. Of these, eleven were enrolled in correspondence courses, while the remaining eleven were instructed orally.

Subjects studied were: Bookkeeping, Business English, Typing, Navigation, Business Administration, Shorthand, Elementary Mathematics.

Certificates were awarded to the following for the successful completion of correspondence courses: Mr. John Conrad Thibault, Business Administration; Mrs. Joanne Marie LeBlanc, Elementary Bookkeeping; Mrs. Orla June Wegger, Elementary Bookkeeping.

Miss Patricia Louise England completed the course in Bookkeeping prescribed by the Department of Education for grade XI, and passed her examination with an excellent 99%.

Over the months we said "Adieu" to several of our students. Some of these had recovered sufficiently to return home, and at least one was transferred back to Point Edward Hospital to complete the "cure" there.

Among those who left us were two correspondence students:

Mr. Gerald Forde, who plans to complete his course in Elementary Bookkeeping at Point Edward Hospital.

Mr. Franklin d'Entremont, who was progressing favourably with his course in Navigation, and who expects to complete the course at home, and follow it up with additional courses at the Fishermen's Training School in Pictou.

With us at the time of writing are: Mr. John Stanley Doyle, Elementary Bookkeeping; Mrs. Mima Hale, Elementary Bookkeeping; Mr. George Whitfield Mullen, Elementary Bookkeeping; Mr. James William McMichael, Elementary Book-

keeping; Miss Phyllis Marita Wellwood, Elementary Bookkeeping and Typing; Miss Patricia England, Typing; Mr. Claremont Wesley Jones, Typing; Mr. Daniel Jean LeBlanc, Typing; Mr. Arthur Gordon Richardson, Typing.

We note in passing that Mr. C. W. Jones studied Bookkeeping some years ago, while a patient at Roseway Hospital, and subsequently became bookkeeper for a fish dealer in his home town of Clark's Harbour. Mr. Jones expects to return to his job, and will take with him another useful skill—typewriting—which he is presently acquiring by making daily use of our Sanatorium facilities.

Marguerite B. MacLeod,
Teacher and Supervisor.

CLINICAL PASTORAL TRAINING SUMMER COURSE

The 6-week summer course in Clinical Pastoral Training for 1965 opened on May 17. Instructors for the course are: Rev. Charles Taylor, Acadia University, Rev. Howard Taylor, Canning, and Donald Brown of the Sanatorium Rehabilitation staff. Fifteen students are enrolled as follows: Rev. T. A. Grew, University of King's College, Halifax; Lic. John J. Leddicote, Springfield, Anna. Co.; Rev. Nelson H. Metcalfe, Avonport, Kings Co.; Lic. Harold W. Bentley, Margaretsville, Anna. Co.; Rev. William W. Beach, Moncton, N.B.; Mr. Ron E. Stattard, Winnipeg, Man.; Lic. Robert E. Childs, Wolfville; Lic. David H. Shaw, Wolfville; Rev. Keith W. Mason, Port Williams; Miss Joyce Thomson, Lancaster, N.B.; Rev. A. Parsons, Milford; Lic. Jack W. Palmer, Wolfville; Lic. Henry Sharam, Charlottetown, P.E.I.; Lic. Paul Crosby, Waterville, Kings Co.

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By Capt. R. J. Henderson

How to Know God's Love.

"To know the love of Christ, which passeth knowledge" Ephesians 3:19.

Do not say within yourself, I will not believe what I do not understand. There is a faculty in you that passes understanding. You have a power that is higher than reason, and which sees what reason cannot see. Your reason can only mount on the steps of argument, but there is something in you which flies to truth's conclusion as the lark flies to the morning. You cannot weigh it; you cannot measure it; yet it lifts you into regions beyond your understanding; it passes the powers of knowledge.

There are two things which pass knowledge in the sphere of faith, two things which you cannot know by your understanding: the peace of Christ, and the love of Christ. All reason would say that their existence is impossible. How can a man have peace, when the circumstance of life seem to overwhelm him? How can a man be divinely loved, when he is so unlike divinity? Yet the peace and the love alike come through seemingly shut doors: how they come we can-

not tell, yet we have the inward witness that they are here.

You know it is His peace by the calm that is within your life; unrest could never have created rest. You know it is His love, by the love you show to unlovely things, by the concern for His work, by the delight in His service. The love and peace of Christ, which surpasses the understanding of man, is the outcome of faith.

It has been said: that faith is the key that unlocks all spiritual blessings. It is the avenue, over which God and man find communion. Faith is a simple trust in God; it is the acceptance of Christ as the Lord of life. It may not understand all the ways of God, but it never questions the love of God. Like Saint Paul, faith speaks on this wise: "I am persuaded, that He is able to keep that which I have committed unto Him".

So in an experimental sense, we may know the peace of God; we may experience the love of God, even amidst the adverse circumstances of life. May God give us the Faith that makes these blessings a reality in our lives.



Summertime at the San.
Pavilion 1 with West Infirmary in background.

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STAFF VARIETY SHOW

On May 7 a hilarious evening was enjoyed by patients and staff members, when a Variety Show was staged with local talent in the Recreation Hall. The show was the inspiration of a group of seven nurses who had spent three weeks at the Sanatorium doing field work in tuberculosis as part of their post-graduate course at Dalhousie School of Nursing. In addition to the "post-grads", some nursing assistants, members of the Rehab department and two of our doctors took part in the program. Director and prime moving spirit of the show was Mrs. Lynn MacLean, who was outstanding in various roles, notably as "Pluto" in the Hypnotist scene. "Master" of ceremonies, in novel Chinese costume, was Mrs. Ernestine Lalo.

From the riotous laughing skit which opened the show the program went as follows:

1. Duet with guitar, "Down in the Little Green Valley" and "The Man I Used to Know"—Dorothy Cropley and Ronalda Stevenson.
2. "Santa's Summer Workshop"—Mr. Fred Barrett, Mrs. Alta Covert and Stan Robichaud.
3. Solo with guitar,—"I'm Using My Bible for my Roadmap"—Dorothy Cropley.
4. Violin and piano duet, "Desert Song" and "Smilin' Thru"—Dr. Helen Holden and Dr. John Quinlan.
5. "Country Bumpkins"—Mrs. Frances Smith and Mrs. Marie Collier.
6. Solo, "Toora-loora-loora" — Marie Hegel, accompanied by Lee Bagnell.
7. "The Great Raveen", (hypnotist skit)—Mrs. Smith, with a group of other performers.
8. Sing-song—the cast and audience.

A final, unscheduled item was a demonstration of yodelling by Miss Cropley and Miss Stevenson.

The variety of talent displayed surprised even the producers of the show, and the laughter and applause of the large audience proclaimed it a real hit. At the conclusion of the program Dr. Hiltz thanked the performers on behalf of the audience. A treat of coffee and doughnuts was served by the dietary staff.

PATIENTS VARIETY SHOW

On May 25 we were greatly favored with a second "live" show within the month, this time put on by a group of patients, two nursing assistants also taking part. The whole show was aided and abetted by Mrs. Mary MacKinnon, to whom the Master of Ceremonies gave much credit for "worrying" it into a success. The show was ably M.C.ed by J. W. McMichael, who drew on a remarkable fund of apt jokes to keep the audience in a jovial mood.

From the opening group of songs by a chorus of the patients and nursing assistants, accompanied on guitar by Wally Burgess and John Googoo, the program went as follows:

"The Old Spinning Wheel"—guitar solo by John Googoo, accompanied by Wally Burgess.

Humorous skit, Pat and Mike — Jack Sears and Henry Sharom.

Song and guitar solo—Don Sangster, accompanied by Miss R. Stevenson on the piano.

Operation skit, in silhouette — Danny LeBlanc, Marita Wellwood and Joe Deveau.

Humorous monologue, followed by a parody song, "Where the River Shannon Flows"—Jim MacKinnon.

Group of songs—Dorothy Cropley, accompanied by Wally Burgess and John Googoo.

Skit, "Water, Water!"—Danny LeBlanc. A group of songs taped earlier by Wally Burgess.

"Trailing Arbutus"—recitation by Mabel Moseley.

Skit, "Father Shaving" — Marita Wellwood.

Guitar duet—John Googoo and Wally Burgess.

Skit, "Blackboard Magic" — Clairmont Jones and Donald Sangster.

"The Monkey's Viewpoint" — recitation by Clairmont Jones.

Solo with guitar—Don Sangster, accompanied by Wally Burgess and John Googoo.

Parody in dialects, "The Charge of the Light Brigade"—Jim MacKinnon.

Closing number—Medley of songs by Singalong group.

After each number the large audience of patients and staff registered their enthusiastic approval by prolonged applause. At the conclusion of the show Dr. Hiltz thanked the performers on behalf of the audience and expressed the hope that more shows might be forthcoming. Coffee and doughnuts were then served by Miss Quinlan and members of her staff.

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Old Timers

This month we have so much interesting news of so many Old Timers that we will cut the opening chit-chat and get right to business.

Anne Marie says: "We better begin with Hazel's letter", and right she is . . . for how often do we have an Old Timer going around the world? That is what our own Little Hazel Tipert did, and she tells all about it in a letter to Grace Adams. Hazel, who was a patient here in 1938, and for some years was admitting clerk in the Matron's office, now lives and works at Goose Bay, Labrador. On November 7 she set off to see the world, joining the "Four Winds Travel World Cruise" at Marseilles, France, after a wonderful holiday in Spain. On the S.S. Laos they sailed eastward, with many interesting side trips inland to see such wonders as the Pyramids in Egypt, the Taj Mahal in India. Christmas was spent by the party in Japan, also New Year's at a beautiful mountain resort. Then leaving the ship they flew to Hawaii for a three day visit, and Hazel says she tried to spend as

column. Beth (Mrs. G. G.) Harris gave us one to read which she had received from Andrea Grieve. Andrea, who was here in 1942, like Hazel has travelled far. Like Hazel, too, Andrea has a Labrador connection, having been born there. In this letter she tells of the past winter, which she and her husband spent in Birmingham, Alabama, arriving there Christmas Eve, alone and knowing no one. Andrea says: "We survived Christmas day somehow". The Grieves found Birmingham very depressing, with fear and hatred in the atmosphere at all times due to the racial troubles. They were very glad to return to the Maritimes this Spring.

A letter to the Medical Superintendent from Marie Moran MacLean tells about a major operation she underwent in the Vancouver General hospital, and that she has recovered sufficiently by now to do her own housework and care for her family. The family consists of her husband Hugh, captain of a fishing vessel on the West Coast, and two sons; Douglas, 7, and Hugh, Jr., 9. Marie enclosed a picture of the four of them, and a fine looking family they are. She also enclosed a clipping telling of "Operation Doorstep", a city-wide tuberculosis survey of Vancouver citizens. Marie was a patient here in 1947.

THIS HALF PAGE IS WITH THE
COMPLIMENTS OF

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much time as possible on the beaches there. On to Los Angeles, California, by air, where she was met by friends and taken on a tour of Disneyland and Beverly Hills. Then it was Vancouver, Calgary, Toronto, Montreal, and finally Halifax airport and back to work by January 18. We wonder how she ever settled down to the snows of Labrador and office routine after the glamour and excitement of such a trip.

And Hazel says, as Hazel would: "I wished so often you girls at the San could have been with me to share the thrills of seeing the places we often read about, and the people. Would loved to have heard Anne Marie's remarks on some of the humorous incidents that took place, and I'm sure you, Peggy and Beulah would have enjoyed the trip, too". Hazel sends remembrances to all her friends at the San., and we can assure her that they all rejoice with her in her marvelous holiday.

Like Perry Como, "We get letters", usually second-hand, but so welcome because they give news for our Old Timers

Marguerite MacLeod of the Rehab. staff heard from Ada (Mrs. Murray) Church, who lives at Martock, Lunen. Co. While a patient here, in 1964, her son Peter was born. We are happy to hear that both are well. In the same letter came news of Myrna Brewster, who had been a patient at Roseway hospital and later took the nursing assistant course here. She is married to Donald Burns, who was a Roseway patient, too, and is a brother of the late Lorimer Burns. The Burns' live in Halifax, and are very happy with their adopted son, now sixteen months old, and they hope this Fall to adopt a girl.

Steve Mullen of the San. post office passed along a note from Charlie Dort, who left here a year ago and is at home in Halfway Cove, Guys. Co. Charlie says he is feeling quite well, and is at present working for himself. He wishes to be remembered to Joe LeFave and everyone he knew while at the San.

As well as letters we have visitors who come to the San. Austin Amirault of the business office had a call from Mr. and Mrs. Paul Falt, Petite Riviere, Lunen. Co. Mrs. Falt was Lillian Brewster, who had been both patient and staff here during

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the 'forties. She enquired for Pat MacEvoy and other old friends.

Carl Wagner, now Stores manager, and wife Eleanor had a visit from Kermit and Ada (Wilson) Young. Kermit was a patient here back in the 'thirties, and later a staff member; Ada was here in 1940. They now live at Cooksville, just outside Bridgewater where they have a chicken farm and also raise chinchillas. They have two sons, aged 12 and 9.

Grace Adams, Marguerite MacLeod and Mary Boudreau Doucette, while on a jaunt to Halifax looked up some Old Timers. John and Vera (Veno) Gabura, both ex-patients who met at Roseway, live in the splendid new Spring Garden Terrace apartments. Vera says she saw Peggy Rinehart, now Mrs. Poirier, a 1947 patient, who is secretary to Rear Admiral Pullen, presently engaged on the "Expo-67" project. The girls also called on John and Kay (MacMillan) O'Leary, who met here in 1949, and now live in Spryfield. John is still with the Halifax Liquor Commission, and Kay is in the office at the Victoria General hospital. And yet another "San romance" couple were visited — Byron and Eleanor (Caldwell) Corkum, who live on Preston Street in Halifax. Byron is recuperating from major surgery he had undergone at the V.G., is doing very well and will soon be back to work. He, too, is on the staff of the Halifax Liquor Commission. Eleanor is occupational therapist at Camp Hill hospital.

Two Old Timers who left the San. last year came back together for their check-ups—Ivan MacLaughlin, who now lives at Glenholme, and Hugh Cook of Bible Hill, Truro.

Anne Marie reports seeing William Stalker, who was here in 1960. Both he and son Robbie, who was here at the same time, are well. Robbie goes to school at home in Barney's River, Pictou Co., and is in Grade 5.

While Monsignor Durney was in Sydney to attend the annual Rotary show, this year "The Music Man", he ran into Mr. and Mrs. Lloyd Taylor there. He reports that Lloyd, who returned home from the San. last year, is looking very well, and is working at the radio station in Sydney.

More news via Marguerite MacLeod, this time about one of our little boy patients. John Briand, who was here in 1962, is now in Grade 8 and doing well. His mother, Cora Briand, was a patient here in 1954, and since leaving here has had two sons, aged 6 and 3. The Briands live in Dartmouth.

In for her check-up was Vida Wamboldt, now Mrs. John Taul, who was here in

1949. She and her husband have a fruit farm at Tupperville, Anna. Co.

News of a couple of Digby Co. Old Timers, Catherine Malett, formerly of Mavillette, who was here in 1960. After leaving the San. she took a business course and is now working in the office at Windsor Park, Halifax. She says she is fine, and goes home for many weekends. Louise (Comeau) Gaudet, formerly of Concession, now lives at Church Point. She was a patient here in 1952, is very well and has a fine family of four boys.

A Sunday visitor during May was Katherine MacEachern, now Mrs. John Dunphy. Kay, who was here 10 years ago, is very well and keeps busy looking after her own home. She and her husband, who is employed at the Dockyard, live at Eastern Passage, Halifax Co. They dropped in at the San. on their way back from a visit to Kay's brother at Cornwallis Naval Base. Kay looked extremely well and happy.

We congratulate Old Timer the Very Rev. C. M. Nicholson, Principal of Pine Hill Divinity College, Halifax, upon receiving the honorary degree of Doctor of Civil Law at the Spring Convocation of the University of King's College, at which time he was the guest speaker.

On May 8 Dr. Hiltz was in Halifax to attend the annual meeting of the Nova Scotia Tuberculosis Association, and there he ran into a number of Old Timers: Dave and Louise (Colchester) Barrington, Sydney, who met at the San. in 1943; Alfred C. Milner, Q.C., Amherst, immediate past president of the Association, an Old Timer and **Health Rays** editor in 1937; Mrs. Marie MacLean, who was here in 1963; Allen W. d'Entremont, another former editor, who came to the San. in the late 'thirties; Allen's wife, Theresa (LeBlanc) d'Entremont, an Old Timer of about the same era, and who is now in charge of the Western Unit Tuberculosis Testing Survey; Dr. C. J. W. Beckwith, who came to the San. as a patient, joined the medical staff in 1930 and was for some years Assistant Medical Superintendent until he left in 1936; and Joe LeBlanc, one of the best known of San Old Timers, now a highly regarded journalist in Yarmouth.

Shortly before that time Dr. Hiltz had been in Yarmouth to address the Yarmouth County Tuberculosis Association, of which Joe LeBlanc is the president. Quite naturally while there Dr. Hiltz heard news of a number of Old Timers: Avite Bourque, 1944 now teaching in the high school at Amirault's Hill; Delbert Muise, 1942,

(Continued on page 26)

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Discharges, April 16 to May 15:

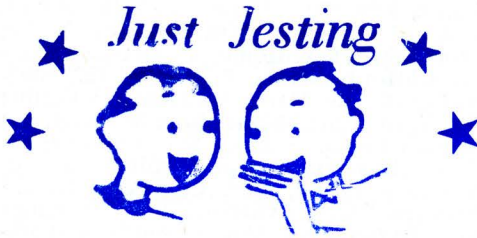
Alexander Stewart, Jr., 74 Brunswick St., Truro; Mrs. Margaret Louise Oyler, 6 Oakdene Ave., Kentville; Mrs. Alberta May Armstrong, 2089 Beech St., Halifax; Russell Lowell Hines, 122 Main St., Yarmouth; Mrs. Mildred Lulu Fancy, Watford, Lunen. Co.; Mrs. Leola May Anthony, Noel Road, Hants Co.; John Fraser Chisholm, Hillcrest, R.R. #1, James River, Antigonish Co.; Henry Edward Pinch, South Waterville, Kings Co.; Wallace Joseph Pettipas, East Chezzetcook, Hfx. Co.; Franklyn Adelbert d'Entremont, Lower West Pubnico, Yar. Co.; Clarence Edward Beals, North Preston, Hfx. Co.; Mrs. Winnifred Marie Anderson, Box 22, New Minas, Kings Co.; Gerald Evan Forde, 11 Lingan Road, Sydney; Mrs. Rita May Coolen, Fox Point, R.R. #1, Hub-

bards, Hfx. Co.; Harry McCrellis Small, R.R. #3, Kingston; Owen Hawley Yorke, Mountain View Home, Waterville; Stanley Clifford Jacklin, P. O. Box 422, Shelburne; Cecile Marie Amirault, 23 Collins St., Yarmouth; Manuel Noel Miranda, c/o Ramon Condo, Pasaje San Juan, Guipuzeeon, Espano; Joseph Emilien Muise, Surette's Island, Yar. Co.; Mrs. Naomi Rebecca Lacey, Aylesford, R.R. #1, Kings Co.; Byron Paul Morse, South Williamson, R.R. #1, Lawrencetown, Ann. Co.; Ernest Aulden Forsythe, Welsford, R.R. #4, Berwick; Mrs. Lillian Agnes Card, Centre Burlington, R.R. #1, Hants Co.; Arthur Frederick Busby, 358 Vale Rd., New Glasgow; George Rupert James, Mahone Bay; Hillary Wilene Embree, 1755 Henry St., Halifax; Eugene Earl Sheffield, R.R. #3, Canning, Kings Co.; John Conrad Thibault, Meteghan, Digby Co.; Armand James Nauss, 93 Chester Ave., Kentville; Stanley Freeman Brown, Caribou Gold Mines R.R. #2, Upper Musquodoboit, Hfx. Co.; Sydney Morgan Jones, 22 Margaret Road Armdale, Hfx. Co.; Leon John Frotten, 50 Hibernia St., Yarmouth; Brenton Stanley Johnson, Three Mile Plains, Hants Co.; George Coonis Bennett, P.O. Box 9, Kingsport, Kings Co.; Ralph Leander Mason, 156 Broad St., Lunenburg; Ralph William Hill, Havelock, Digby Co.; Baby Amy Ethel Maloney, 41 Main St., Truro; Anthony Blaine Shrader, 3138 Isleville St., Halifax; Ronald Colin MacDonald, 16 Dawson St., Pictou.

Patients admitted to Point Edward Hospital, April 16-May 15, 1965:

Bona, Mr. Fred William, West L'Ardoise, Rich. Co.; Ferguson, Mrs. Simone Marie, Sydney Road, Reserve, C.B.; Whalen, Mr. William Joseph, 278 Main St., Glace Bay; McLaughlin, Mr. Charles Bernard, R.R. #2, Whycomogagh, Inv. Co.; MacDonald, Mr. Frederick David, Sugar Loaf, Victoria Co.; Richards, Mr. Nelson William, 5 Kent St., Glace Bay; MacIntyre, Mrs. Rita May, 47 Bell St., Glace Bay; Forde, Mr. Gerald Evan, 11 Lingan Rd., Sydney; Deshaies, Mr. Joseph Anthony, 66 King's Rd., Dominion; Hinkley, Mr. Myles Havelock, R.R. #1, Inverness Co.; Roberts, Mrs. Jane Helen, 7 Young St., Sydney Mines; Dean, Mr. Isaac John, 26 Ling St., Glace Bay; Lewis, Mr. Allan James, 43 Union St., New Waterford; Smith, Mr. John Alex, South West Margaree, Inv. Co.; Kelly, Mr. James William, 14 Water St., Glace Bay; Nicholson, Mr. Alfred Angus, Roseburn, Inv. Co.; Noseworthy, Miss Brenda Marie, Strait View St., Port Hawkesbury; Noseworthy, Miss

(Continued on page 26)



A man walked into a doctor's office with his sick rabbit. He said, "I can't understand it, doc. He looks terrible, and I don't feed him anything but goat's milk." The vet's reply was "That's the trouble. Don't you know you're not supposed to use that greasy kid stuff on your hare?"

A Londoner spoke up saying, "In England we play a game called Rugby, in which there is a lot of shin kicking."

"Well," said the American, "we play it over here too, but we call it Bridge."

An American is a fellow who sips Brazilian coffee from an English cup while sitting on Danish furniture after coming home in his German car from an Italian movie—and writes his Congress-

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man with a Japanese ballpoint pen demanding he do something about all the gold that's leaving the country.

The dam burst, and a raging flood quickly forced the townspeople to flee to the hills.

As they gazed sadly down at their flooded homes, they saw a straw hat float gently downstream for about fifty feet. Then it stopped, turned around and plowed slowly upstream against the waters. After fifty feet, it turned and moved downstream again.

"Say," said one fellow, "what makes that straw hat act so funny?"

"That's my grandpaw," said one youngster. "I heard grandpaw say yesterday that come hell or highwater he was gonna mow the lawn today."

The man complained litterly that the reason his marriage had failed was because his wife was so immature.

"Every time I was in the bathtub," he said, "she'd come in and sink my boats."

Advice For Young Men

Unless you're rich
to wed a girl
who has a lovely form
is chancy;
It costs a pretty
fancy figure
to keep a pretty
figure fancy! ! ! !

First Boy: "What does PTA mean?"

Second Boy: "I think it means Poor Tired Adults."

A school inspector entered a classroom while the Scripture lesson was in progress, and decided to ask the children some questions. Calling on one small boy, he asked, "Who broke down the walls of Jericho?" The boy answered "Not me sir." The inspector turned to the teacher and asked, "Is this the usual standard in this class?" The teacher replied, "The boy is usually quite honest and I believe him."

Leaving the room in disgust, the inspector sought out the headmaster and explained what had transpired. The headmaster said, "I've known both teacher and boy concerned for several years, and I'm sure that neither of them would do a thing like that."

By this time the inspector was furious and reported the incident by letter to the Director of Education. The Director replied, "I feel that we are making a mountain out of a molehill in this case. I suggest that we pay the bill and write the sum off."

I've finally figured out what separates the men from the boys—it's the price of their toys!

The owner of a small cross-roads store was appointed postmaster. Over six months went by and not one piece of mail left town. Deeply concerned, postal authorities in Ottawa wrote to the postmaster to inquire why.

His explanation was short and simple: "The bag ain't full yet."

Son: Daddy, what's an auction?

Pop: Well, it's a kind of sale where you must be careful or you get something for nodding.

Traffic Cop: "So you don't have a license? Lady, don't you know you can't drive without one?"

Woman Driver: "Well, that explains everything. I thought it was because I was nervous and nearsighted that I hit those two cars and ran into a fire hydrant!"

Three scientists suffered radium poisoning. Each was given a month to live. Their respective nations granted each his heart's desire for the final month of his life.

The Frenchman said: "I would like to have a villa in the south of France, some wine, some food, a little Brigitte Bardot—and then I would be happy to die."

The Englishman said: "I'd like a spot of tea with the Prime Minister, an audience with Her Majesty. And then I should die gladly."

The American was asked: "What would you like?" Immediately he replied, "I wanna see another doctor."

SMALL BOY to chum: "So that's it. I always figured the stork had too short a wingspread to carry an eight-to-ten-pound load."

One wife to another: "My husband is an efficiency expert in a large office."

"What does an efficiency expert do?"
"Well, if we women did it they would call it nagging."

A farmer returned home from New York, which was his first visit to a big city, and met an old friend.

"Did you have a good time, Zeke?" the friend asked.

"Oh, boy, did I!" he enthused. "I walked down Fifth Avenue and all the girls in the store windows flirted with me!"

"Those weren't girls, Zeke," informed his friend. "Those were dummies!"

"They weren't so dumb," Zeke replied. "They all had on mink coats!"

A little boy had been to Sunday School for the first time and, when asked what they did, he said: "Everybody sang."

"What did they sing?"

"I don't know what the rest of them sang," he replied, "but I sang Casey Jones."

The bank robber shoved a note across to the teller. It read: "Put the money in a bag, sucker and don't make a move." The teller pushed back another note: "Straighten your tie, stupid, we're taking your picture."

On viewing the ocean for the first time, the little boy exclaimed, "Look, Mother, it's just flushing and flushing."

The sergeant was instructing the young paratrooper before his first jump. "Count ten and pull the first ripcord. If that doesn't work, pull the second ripcord for the auxiliary chute. After you land, a truck will pick you up."

The paratrooper jumped, counted ten and pulled the ripcord. Nothing happened. He pulled the second cord, and nothing happened. He muttered angrily as he fell, then said to himself, "TII bet that damn truck won't be there either."

A lady is person who makes it easy for a man to be a gentleman.

A new game has made its appearance in Washington—Waistline Roulette. You get a six-pack of Metrecal and pass it out to friends who are dieting. One of the cans contains beer.

Don MacLean in Washington News

If you have always suspected that people are full of hot air, you are right. People can breathe out more air than they can breathe in, because their lungs hold an extra supply.

Lord, grant that I may always desire more than I accomplish.

—Michelangelo.

Speak well of your enemies. Remember, you made them.

Sometimes square meals make round people.

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OLD TIMERS—CONTINUED

who is well and living at leisure at Sluice Point; Mrs. Marie Babin, 1948, also of Sluice Point, who had been visiting in the United States; Mrs. Cecelia Muise, 1955, Sluice Point, who is also keeping well.

When attending the concert of the Valley Barbershop singing group May 22, we sat beside a 1942 Old Timer, Phyllis Chittick, now Mrs. Chappell, who lives in Halifax and boasts a family of four. She appeared very well and looked the same.

We will conclude this month's lengthy news with an item about an Old Timer who holds a spot in the memory of many, many Old Timers. Dorothy Bradshaw Archibald was long ago a patient at the San., then for many years a much loved nurse. In 1950 (if our memory serves us well) she married Dr. Judson Archibald, a retired Baptist minister, and went to Florida to live. The past year Dr. Archibald died, and this Spring "Braddy" decided to return to Canada to live. She came to the Sanatorium for a check-up, then went on to her native Prince Edward Island. She plans to make her home with a brother. It is interesting to note in passing that "Braddy", who had never driven a car prior to her marriage, became so proficient at the wheel that she and her husband made trips to the Maritimes each summer and the car was driven by Mrs. Archibald. We welcome Dorothy, as she now prefers to be called, back home.

INS AND OUTS—CONTINUED

Denise Michelle, Straitview St., Port Hawkesbury; Boudreau, Mrs. Mary Stella, Arichat, Rich. Co.; Williams, Mr. Irvin Roderick, L9 Thomas St., Scotchtown; MacDonald, Mr. Neil Clarence, 21 Hardwood Drive, Sydney; Thibeault, Mr. Thomas W., Arichat, Richmond Co.

Patients discharged from Point Edward Hospital, April 16-May 15:

Stoker, Jean Paterson, 294 Centre St.,

Glace Bay; Jordan, Alvin, Truro, N.S.; MacDonald, Donald B., Cape North, Vic. Co.; Rankin, Angus Donald, Mabou Ridge, C.B.; Stevens, Noel Joseph, Barra Head, Rich. Co.; Nearing, Charles, 133 Dorchester St., Passchendaele; MacLeod, Donald Gilholm, 8 Pitt St., Glace Bay; Muise, Hubert, 49 Thompson St., New Waterford; Ferguson, Alexander, Port Hawkesbury; Murray, Ella Mae, R.R. #2, Port Hood, Inv. Co.; MacKinnon, James C., Crescent St., Sydney Mines, C.B.; Haley, Michael, 13 Water St., Glace Bay; Whalen, William, 278 Main St., Glace Bay; Gledhill, Joseph, 8 Bathgate St., Glace Bay; Sibley, James, 116 Young Ave., North Sydney; Johnstone, Allister, 50 South St., Glace Bay; Pouiette, Judina, Eskasoni; Munro, Christine, 9 Campbell St., Sydney; MacDonald Fred, Sugar Loaf, Vic. Co.; Morrison, Ewen, 97 Cornwallis St., Sydney; Deshaies, Joseph, 66 Kings Rd., Dominion; Smith, John H., South West Margaree, Inv. Co.; Nicholson, John A., R.R. #1, River Denys, Inv. Co.; Nicholson, Alfred A., Roseburn, Inv. Co.; Stevens, Noel, Nyanza, Vic. Co.

Faith is the force of life.

—Tolstoy.

Visitor: "I do hope you keep your cows in a pasture."

Milkman: "Yes, Madam, of course we keep them in a pasture."

Visitor: "I'm glad to hear that. I have been told that pasteurized milk is much the safest."

Worry is a circle of inefficient thoughts whirling about a pivot of fears.

Decency renders all things tolerable.

—De Gerando.

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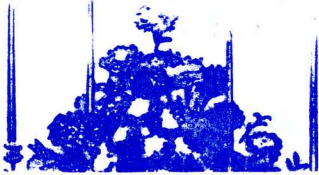
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