

Stacks

DALHOUSIE

NOVA SCOTIA SANATORIUM

VOL. 49

MARCH 1968

MAR 20 1968

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Sanatorium Visiting Hours

NOVA SCOTIA SANATORIUM

DAILY: 10:15 — 11:45 A.M.

DAILY: 3:15 — 4:45 P.M.

DAILY: 7:30 — 8:30 P.M.

POINT EDWARD HOSPITAL

Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.

Sunday and Holidays: 3:00-4:30; 7:00-8:30 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.

Church Affiliation

NOVA SCOTIA SANATORIUM

ANGLICAN

Rector—Archdeacon L. W. Mosher
Sanatorium Chaplain—Rev. J. A. Munroe

BAPTIST

Minister—Rev. A. E. Griffin
Lay Visitor—Mrs. H. J. Mosher

CHRISTIAN REFORMED

Minister—Rev. J. G. Groen

PROTESTANT CHAPLAIN

Rev. Dale McTavish

ROMAN CATHOLIC

Parish Priest—Rev. J. F. DeLouchry
Asst. Priest—Rev. G. E. Saulnier

SALVATION ARMY

Capt. H. L. Kennedy

UNITED CHURCH

Minister—Rev. K. G. Sullivan
Sanatorium Chaplain—Dr. D. Archibald

PENTECOSTAL

Minister—Rev. Robert Cross

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.

POINT EDWARD HOSPITAL

ANGLICAN

Rev. Weldon Smith
ROMAN CATHOLIC

Parish Priest—Rev. R. Donnelly

UNITED CHURCH

Rev. Robert Hutcheson

PRESBYTERIAN

Rev. E. H. Bean

SALVATION ARMY

Mr. William Brewer

The above clergy are visitors at this hospital. Besides the above named many other protestant clergy from the surrounding areas alternate in having weekly services for our patients.

HEALTH RAYS

A MAGAZINE OF HEALTH AND GOOD CHEER

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VOL. 49

March, 1968

No. 3

Spring

*There is something in the air.
Can't you feel it everywhere?
For the pussywillow shows
Mid the darkness and the snow,
And the crocus peeps, all green,
Mid a dreary winter scene.
Today a robin came
Singing loudly in the lane
Saying to all living things,
"Wake up for today 'tis Spring."
And the weary heart of man,
Torn by strife on every hand,
Takes new courage in God's Plan
Thru this new born pulsing thing,
God's great miracle called Spring.*

—Edith Pinschmidt

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



One of the nicest evenings Mrs. Hiltz and I have had the privilege of enjoying for a long time was the formal dance at the Cornwallis Inn sponsored by 68A Class of Student Nursing Assistants on February 17. Mrs. Mack, Mrs. Boyle and Miss McPhail, Mrs. Hiltz and I were special guests.

Dr. Quinlan and Dr. Holden were also especially invited but mumps kept Dr. Holden away. Our students looked beautiful in their evening gowns, their escorts were very gallant, the orchestra was excellent and the buffet supper was very tastily and attractively served. These young ladies planned the evening well in advance and they raised the money for it completely through their own efforts. They are to be congratulated for having organized a very fine evening in a very capable manner. Our special thanks are extended to Miss Jessie MacDonald, President of her class, and to the other members of her committee.

* * * * *

The Valley Stamp Club was organized in 1961 and now meets on the first and third Saturday afternoons in the Medical Library. Our Miss Anne Marie Belliveau has been the secretary from the very beginning. Its new president is Mr. Willis Moore of Kentville, son of a former Head Storeman at the Sanatorium. Dr. Kloss and I are both directors of the Club. This is one of our forms of recreation. At the same time, the facilities of the Sanatorium are made available to this community group with members from Kentville to Bridgetown.

* * * * *

The Sixth Annual Meeting of the Nova Scotia Combined Charities Fund was held at the Sanatorium on February 21. A report of this meeting is to be found elsewhere in Health Rays. This Fund raises over \$2500 each year from Sanatorium employees for charitable purposes.

* * * * *

HOUSEWORK: Something you do that's not noticed unless you don't do it.
—The Breakfast Club

Included are three foster children sponsored under the Foster Parents' Plan. Pictures of our "children" are to be seen on the desk of the main lobby in the East Infirmary.

* * * * *

We all wish Dr. Holden a rapid recovery from the mumps. Most people get such things over at an early age but Dr. Holden was never one to be cheeky. We are wondering who may be next!

* * * * *

During February the Sanatorium added another important piece of equipment to its Pulmonary Function Laboratory. We are now exceedingly well equipped to carry out all needed tests for lung function including blood gas analysis. Two of our physicians and one technician have had a number of special courses in lung function testing and they are well qualified to provide a complete diagnostic service. Our buildings may be old but our equipment is modern and our staff are well trained and enthusiastic about their work. This places them in a top position to provide a fine service to the people of our Province.

* * * * *

Next year, Health Rays Magazine will celebrate its 50th year of continuous publication, eleven issues each year. It is the oldest sanatorium magazine in Canada, probably the oldest in North America—possibly in the world (who knows!). We wish to commemorate the Golden Jubilee of Health Rays in some fitting manner. Have our readers any good ideas? We need your advice. I shall be delighted to hear from any readers who have suggestions regarding what we should do.

* * * * *

I hope that most of the patients have noticed our birds this year. At our house, we have been feeding about one hundred grosbeaks for the past two to three months; also eight blue jays, innumerable English sparrows, some chickadees, two fox sparrows, a few robins from time to time, a junco, and a pair of nuthatches. These are fairly constant visitors, disturbed sometimes by a visit from a sharp shinned hawk. Bird watching and bird feeding can be a very absorbing pastime.

* * * * *

Let thy discontents be thy secrets.

—Benjamin Franklin

The Institute of Pastoral Training at the Sanatorium

J. E. Hiltz, M.D.

Presented as part of a panel on "Co-operation between Hospitals and the Institute of Pastoral Training" at University of Kings College, February, 1968.

The work of the Institute within the Nova Scotia Sanatorium is like the quality of mercy, "It blesseth him that gives and him that takes".

When we were approached in 1953 to provide facilities at the Sanatorium for a six week summer course in Clinical Pastoral Training, we were delighted but at the same time wondered just how effective a part our staff and patients could play in such a program. It soon became evident that we had a contribution to make but, as the years passed, it became evident, too, that we were receiving much more than we gave.

By the summer of 1967, we had experienced our fifteenth session in Clinical Pastoral Training. I shall leave it to others to assess the quality and the worth of our contributions but these may be tabulated as follows:

a) The provision of a series of lectures on broad clinical subjects such as; "What is Tuberculosis?", "The Medical Treatment of this Chronic Illness", "The Surgical Treatment of Tuberculosis", "Hospital Ethics and Hospital Visiting by the Hospital Chaplain", "The Cancer Patient", "Rehabilitation", "Childbirth", "Internal Glandular Disturbance", and "The Heart Patient".

b) Seminar rooms for two study groups undertaking the first year, or preliminary course, and a second year, or advanced course, with some larger facility for meetings of both groups combined. These meetings are mainly in the nature of round tables of considerable informality.

c) Access to patients with special problems—emotional, spiritual, social or economic, real or imaginary—who are available for interviews by assignments to special students. Their problems are later written up and discussed by the group as a whole seeking help for the patient and at the same time keeping confidential the identity of the patient. Frequently solutions to problems are found. Even when solutions are not found, the student has gained helpful experience and may have learned a great deal about life.

d) A chapel for morning devotions of the students and staff of the Institute.

e) A staff interested in the patients

and interested in the students. In group discussion especially knowledgeable staff members are available to help arrive at a better understanding of the patient and his problem. These may be the patient's doctor, his nurses, the social worker, or his chaplain. Staff members are available for consultation on request.

f) Modest bursary help is available in the form of complimentary meals for some of the students and full maintenance for up to two students.

g) Luncheon is available at the Sanatorium so the students may relax and socialize during the noon hour.

h) A chest x-ray examination and a tuberculin test is provided each student at the beginning of the course. It should be pointed out that when we have used the term "student" we were usually referring to a clergyman with considerable years of experience.

And what is the other side of the coin? What does the Sanatorium receive in return?

1. We receive real and tangible help for certain patients who have needed it badly. It is always good for the emotionally disturbed patient to know that someone besides the Sanatorium staff has a personal interest in him.

2. We receive professional stimulation of staff members. To be involved in a teaching situation may sometimes be trying but it is always stimulating. If one wishes to learn something really well, this is done best by preparing to teach it or discuss it in a seminar. New faces and new minds bring new ideas and these we always welcome. We are helped to expand our horizons and increase our abilities to be of service to our patients.

3. Another benefit is that patients who may be restless or disturbed frequently seem to be calmed and reassured by the presence of so many clergy—cheerful, helpful, friendly, enthusiastic clergy—"on campus".

4. The patients' picnic organized each year on one fine summer afternoon by the Clinical Pastoral group is a highlight for the patients.

5. And, finally, some patients and staff acquire friendships which continue long after the summer course is over.

Although I have been speaking for the Nova Scotia Sanatorium only, I am sure that the same "mutual admiration society" exists at the Nova Scotia Hospital as far as the Institute is concerned.

In Kentville, we have been privileged to provide facilities for the annual meeting of the Chaplains' Conference of the Atlantic Provinces and our facilities are at their disposal for subsequent such meetings. We shall welcome the use of our accommodations by the Valley Chapter of the Institute as well.

ST. PATRICK'S DAY

March 17th is the day on which Irishmen the world over pay tribute to Saint Patrick, the great Christian missionary to their land. It is the anniversary of his death, which, according to some authorities, occurred in the year 460, and is the only national holiday observed in Ireland. The great Saint's missionary endeavours in Ireland were remarkably successful, with no bloodshed or martyrdoms to record.

It is said that soon after his arrival in Ireland, Patrick set out for Tara, the capital, where dwelt Leary, the high king. A druid festival, for which a sacred fire had been lighted, was in progress. Since the law forbade the lighting of any other fires at the same moment, the druids were angered when Patrick lighted the Paschal fire on a nearby hill, in recognition of the Eastertide. Patrick was, therefore, summoned before the high king. On the way to Tara he and his companions sang a hymn known as "The Breastplate of Saint Patrick" or "The Deer's Cry". Patrick was given a respectful hearing as he explained the Christian faith. Although King Leary himself was not converted to Christianity, many of his courtiers were, and permission was granted to Patrick to preach the Christian Gospel throughout the land.

It is said that while on the road to Tara, Patrick and those who accompanied him, took the shapes of white deer in order to protect themselves from the treacheries of the unfriendly druids. This explains the unusual title of their hymn, "The Deer's Cry", otherwise known as "The Breastplate of Saint Patrick". This hymn is one of the literary treasures of Ireland. The following is an excerpt from it:

I bind unto myself today
The strong Name of the Trinity;
By invocation of the same,
The Three in One, and One in Three.

I bind unto myself today
The virtues of the starlit heaven,
The glorious sun's life-giving ray,

The whiteness of the moon at even,
The flashing of the lightning free,
The whirling wind's tempestuous
shocks,
The stable earth, the deep salt sea,
Around the old eternal rocks.

I bind unto myself today
The power of God to hold and lead,
His eye to watch, His might to stay,
His ear to hearken to my need;
The wisdom of my God to teach,
His hand to guide, His shield to ward;
The word of God to give me speech,
His heavenly host to be my guard.

Ten Commandments

For The Severely Disabled

1. Thou shalt live but one day at a time—today, for yesterday is gone and tomorrow will soon be today.
2. Thou shalt keep busy. (If at all possible there should be one task at least daily that is your responsibility—and only yours.)
3. Thou shalt recognize thy limitations—realize that everyone is limited in one way or another.
4. Thou shalt remember that he or she who is a friend is never friendless. (It seldom takes more than a telephone call or a note . . . to assure your friends that you are thinking about them.)
5. Thou shalt remember that a sympathetic ear is the building tool of friendship. (A whining and complaining tongue tears down and demolishes.)
6. Seek not the answer to "Why" this happened to you—instead learn "How" to cope with each day's problems.
7. Thou shalt not waste precious emotional energy on hate and frustrations and self-pity. (Instead, look for that which is to be liked and loved in every person and in everything.)
8. Thou shalt learn to develop inner and moral strength. (Remember that even though many people are physically strong, only those who have suffered in some way and grown with the pain are morally strong.)
9. Thou must have faith. Without hope and faith, life is meaningless.
10. Thou must remember that life and human dignity have nothing to do with physical dependence or independence.

Taken from AND LIFE IS GOOD, by Frimsie Sprindel; Caliper Magazine.

Discovery Of The Koch Bacillus

March 24 is a day that should be remembered by all tuberculosis workers because it was on that day in 1882 that a 39-year-old German scientist proved to a group of physicians that tuberculosis was caused by a specific germ.

Robert Koch's announcement that tuberculosis was not a hereditary, but a communicable, disease astounded the medical world and opened the way for the world-wide crusade against the ancient scourge.

At the time of Koch's discovery tuberculosis was the most widespread disease in the western world. During the 1800's it reached epidemic proportions in Europe and North America as people crowded into the first industrial cities; towards the middle of the century the death rate climbed to as high at 500 per 100,000 population in some places.

Indiscriminate Killer

Many famous people succumbed to tuberculosis: John Keats early in the century, Honore de Balzac in France, Dostoevski in Russia, Nicolo Paganini, Frederic Chopin and the whole Bronte family.

For some it was fashionable to have the "consumptive look"—the emaciated frame, flushed, feverish cheeks and delicate, transparent skin. Byron declared that he would like to be carried off by a consumption so that all the ladies would say how interesting he looked while dying. Alexander Dumas stated in his memoirs that "Everyone was consumptive—especially the poets. It was good form to spit blood from sheer emotion."

But for the great masses of ordinary working men, tuberculosis was a dreadful affliction caused, it was often said, by exposure to excessive hardship. There was no pill, no potion, no cure. The people died by the thousands at home in their beds, surrounded by their families who could easily pick up the contagion.

Even the attitude of the physicians was generally one of fatalism. Because the real cause of tuberculosis was unknown, treatment was based on a variety of notions, many of them absurd. One doctor said that tuberculosis was a result of re-breathing one's own air; another said a lack of phosphorous caused the disease. A great many believed that tuberculosis was hereditary.

Many of the remedies were weird; practically all of them were useless. "To say that this disease was never cured would

certainly appear rash," observed one Englishman. "There have been some instances in which recovery has been perfected by nature.

"But they are so few that they can scarcely inspire hope."

271 Attempts

It took Robert Koch 271 attempts before he succeeded in indentifying the agent of tuberculosis.

He began to be interested in bacteria as a country doctor in Silesia, and it was during the time spent in the provinces that his brilliant researches on the anthrax bacillus brought him to the notice of his contemporaries, the scientists Cohn and Cohnheim.

"Koch will again astonish us with his discoveries," one of them predicted. And both his sponsors used their influence to secure him a post with the Imperial Health Office in Berlin. Koch brought with him the microscope his wife had given him for his 28th birthday.

Day after day he sought the favorable medium for the culture of microbes, and perfected the techniques for studying them.

He showed the same persistence in his attempts to isolate the bacillus of tuberculosis. He spent most of his time shut up in the laboratory at Berlin's Charity Hospital. The door was closed to everybody except his co-workers and his wife. His only other companions were the guinea pigs, rabbits and mice needed for his experiments.

March 24, 1882

Koch finally succeeded in isolating the bacillus, a microorganism that was not only difficult to cultivate, but hard to see. It was particularly difficult to stain, since the coloring matter had to be left to act for a period of 12 to 24 hours. He therefore borrowed a technique from the dyers, that of using alkali with the dye. Added to methylene blue, the alkali acted as a mordant enabling the dye to penetrate the bacillus.

At last the great day came. On March 24, 1882, in a crowded room at the headquarters of the Berlin Phthisiological Society, the young man with the pointed beard addressed some 80 fellow scientists. Robert Koch explained his discovery in a matter-of-fact way, as if he were presenting some routine paper.

He told them all about the culture technique, the bacillus, and the characteristics of the lesions. Microscopes stood waiting on the desk in front of him. One

by one the audience came up, peered into them, and saw for themselves the slender rods between three and four thousandths of a millimeter in length.

There was a dead silence. Not a single voice was raised in opposition to Koch's findings. From that moment everyone knew that the origin and propagation of tuberculosis were no longer a mystery. Tuberculosis was a communicable disease—and someday, somehow it could be beaten.

—The News Bulletin—SBM

CAPE BRETON ISLAND

Cape Breton Island the land of my home,
Remains in my memory, wherever I roam;
I left there to travel, and now my heart
cries,

I long to be back under Cape Breton
skies.

I dream of my home nestled down by the
sea,
In a little green valley, where life is so
free.

The sound of the ocean, the smell of
fresh air,
With Cape Breton Island, no place can
compare.

I love the green meadows, the mountains
and trees,
The long winding trails, and the cool
evening breeze,
The smooth sandy beaches, the rivers and
lakes,
When God made Cape Breton, He made
no mistakes.

I long for a stroll through the hills by
the shore,
The sound of the pipes, where the wild
breakers roar.

I'm going back soon, and that's where I'll
remain.

I'll never leave Cape Breton Island again.

—Pliny Rudderham,
Patient, Point Edward Hospital

* * * * *

The Secret

Grandpa took no vitamins,
His bread was not enriched,
He thrived on sweets and starches
And simply never switched.
Grandpa ate the things he liked
His diet was all wrong.
But Grandpa's eighty-six today
And still is going strong.

—Anon

BOW ARROW—THE NON-SMOKING HOSPITAL

Dr. M. O. J. Gibson, this year's Chest and Heart Association overseas scholar, is medical director of Bow Arrow Hospital for chest diseases at Dartford, England. He was one of the speakers at the annual meeting of the Canadian Tuberculosis Association and at the Wednesday plenary session described how he got smoking stopped among patients in that hospital.

It seemed to Dr. Gibson that it was something of a study in futility to be treating patients for chronic chest conditions while they continued with habits which provoked their ills.

As the new year was approaching he therefore visited each of the patients in his 90-bed hospital and presented them with a choice of three lines of action. They could stay in the hospital and stop smoking, they could go home or he would make arrangements for them to go to another hospital. Practically all elected to stay.

At midnight New Year's Eve bells were rung (there were plenty ringing outside as well), the nurses went around and collected all cigarettes, ash trays and matches at the same time opening windows to get rid of the smell of smoke.

Visitors were "requested" not to take cigarettes or matches with them when they went to see patients and were told firmly that they must not smoke in the hospital as the smell of tobacco smoke stimulated the desire of the ex-smokers to start again.

The hospital board on hearing of his action suggested that it was undemocratic to say no patients would be admitted unless they agreed not to smoke. Some beds must be available for smokers.

They did not say how many—so one patient dying of lung cancer was being allowed to smoke.

The programme with the other patients had worked remarkably well and a high percentage of patients have managed to keep from smoking after leaving hospital. This Dr. Gibson attributed to a feeling of fellowship which was developed, the "I'll stick to it if you do" attitude, plus a conviction that the medical and nursing staff were really in earnest about the seriousness of the results of smoking on their patient's health.

* * * * *

Don't stay awake nights worrying how to succeed—just keep awake during the day.

Tiny, Tough and Treacherous— The Tuberculosis Germ

David B. Gregg, M.D.

The tuberculosis germ or tubercle bacillus is so small that it can't be seen without a microscope. Even when it is enlarged it has to be dyed and magnified thousands of times. The tuberculosis germs look like tiny rods. Some of them seem slightly bent, rather like a wiener. Sometimes they form clusters.

It seems unbelievable that any thing so small that thousands could be on a pin-head could make anything the size of a human sick, but they can. As a matter of fact they can make an animal the size of an elephant sick. Some of the earliest writings about tuberculosis were in India, and they mentioned elephants having this disease.

One lucky thing about TB germs is that they don't multiply easily outside the bodies of human beings and animals. They can stay alive in milk and other food but their numbers do not increase. In this they are different from some germs which can multiply in food so fast that in a matter of hours they can change good food into something that causes serious illness.

Although tuberculosis germs are small they are tough. Because of this they can stay alive in damp dark places for months. However, you and the rest of the staff are not going to be providing them with damp dark places to stay alive, so that is all right. Tough as they are, tuberculosis germs can't stand the sun for long. Six hours of direct sunlight kills them.

Germs, like all living things, can stand only so much heat. They can stand more heat than we can, but they have their limits. That's why milk is pasteurized. It is made hot enough to kill germs and then cooled quickly so as not to change the taste. It is for the same reason water is boiled when there is danger that it may be impure. Hospitals are equipped to turn on the heat. As you know, the water used in laundry and dishwashers is too hot for the hands. It is too hot for the germs also. That is why it is used.

Then there are the autoclaves for things that don't belong in the dishwash-

er or laundry. There is the incinerator for everything that can be burned. Between heat and sun billions of germs are killed every day.

Tuberculosis germs have other limitations. They haven't legs or wings, so they can't get around under their own power. They have to depend on us or on animals. Mostly they depend on human beings. It is the business of the patients and the staff to do everything they can to prevent tuberculosis germs from hitchhiking from one person to another. Every time you scrub your hands, everytime sputum cups are disposed of properly, every time a patient covers a cough or sneeze, the chances of germs getting a free ride are cut down a bit.

The germs, being so small can travel on a tiny droplet of moisture spread into the air when a person coughs, sneezes or breathes. As there is not much force to the breathing of a person lying quietly in bed, the germs won't travel far on a patient's breathing. Coughing and sneezing are different. A sneeze could carry germs several feet. That's why patients are trained to cover their coughs and sneezes. The wipes (tissues) they use go into paper bags which are burned. Articles handled or dishes used by patients may have germs on them. The germs will get to the hands of the people working around the patient. Therefore, in the hospital or out of it, never touch food except with freshly washed hands.

—NTA

Via San-O-Zark

THE FLYING DISEASE

They float through the air with the greatest of ease,

These multiple germs from a cough or a sneeze;

Their actions are louder than words can conceive—

Just note the long list of infectious disease.

—Iowa Stethoscope
Via San-O-Zark

THE HARP THAT ONCE THROUGH TARA'S HALLS

The harp that once through Tara's halls
The soul of music shed,
Now hangs as mute on Tara's walls,
As if that soul were fled.
So sleeps the pride of former days,
So glory's thrill is o'er,
And hearts, that once beat high for praise,
Now feel that pulse no more.
No more to chiefs and ladies bright
The harp of Tara swells;
The chord alone, that breaks at night,
Its tale of ruin tells.
Thus Freedom now so seldom wakes,
The only throb she gives,
Is when some heart indignant breaks,
To show that she still lives.

—Thomas Moore

In ancient times Ireland consisted of a group of kingdoms. For a part of this long period one of the kings was known as the "high" king, and had his capital at Tara, a village in Meath. He also had the loyalty of the other kings.

This was Ireland's Golden Age of peace and learning, her poets and scholars being revered next to her kings. Every three years cultural gatherings, at which these men were feasted and praised, were held to enjoy their works.

The Irish loved music, too, their favorite instrument being the harp. Claiming to be the originators of this instrument, they attributed to it many unique powers—such as easing domestic strife, bringing success in love, and revealing secrets. Its device was used in the national arms and also on the national flag. To this day the harp is a national treasure, and the badge of the Irish Government.

When the Norsemen invaded Ireland in the eighth century the Golden Age was rudely ended, and many cultural treasures destroyed.

(Culled from **The Book of Knowledge**)

* * * * *

"Look to your health; and if you have it, praise God, and value it next to a good conscience; for health is the second blessing that we mortals are capable of — a blessing that money cannot buy."—Izaak Walton.

* * * * *

If you can't be thankful for what you receive, be thankful for what you escape.

* * * * *

FASHION

A despot whom many ridicule but always obey.

TB IS NOT ERADICATED

A decade ago, it was estimated that tuberculosis would be eradicated in the United States by 1970. Only two years away from that date, this would appear a long way from reality according to recent statements from Dr. Sidney Dressler of the U.S. Public Health Service. At a three-day symposium on TB at Los Angeles, Doctor Dressler was reported by UPI as stating:

"There are 25 million Americans infected by tuberculosis. Most of the 50,000 new active cases discovered in the United States each year are drawn from this vast pool of persons who could become aware of their infections if they had tuberculin skin tests."

Doctor Dressler added, "The disease would be stamped out when everyone in the nation gets a negative response to tuberculin tests."

Dr. Samuel Cohen of the Boston Department of Health predicted: "The disease will be eliminated altogether someday, but I would not like to predict when."

—So Co San Piper

* * * * *

Hospital Has Two-Fold Role . . .

A hospital or a sanatorium is a treatment center, that's how we think of it first. But it is far more than this—it's role as a training center is also a most important one.

One of the main reasons why you are a patient in the sanatorium here is to teach you how to take care of yourself, what to do after you leave here, so that you won't have to come back. To accomplish this in the shortest time, you must: . . . not leave the hospital until you receive your medical discharge.

Then you must—

. . . take your drugs regularly as recommended—

. . . get your X-rays when called for—

. . . send in your sputum samples as requested.

These make up your insurance against relapse and a possible return for further treatment — for a possible increasing disease, which may be also of a more drug-resistant type.

—Sanatorium Outlook

* * * * *

The old Adirondack guide says it isn't the rooster's early rising that makes him unpopular, but his continual talking about it.

Question Box

J. J. Quinlan, M.D.



Q. How do you determine lung cancer?

A. The diagnosis of lung cancer is made by utilizing the methods employed in the investigation of any lung disease. These include a careful history and physical examination, x-ray

examination of the chest, examination of the sputum for cancer cells, bronchoscopic examination and other indicated procedures. In some cases the diagnosis cannot be made except at operation.

Q. Can cancer of the lung cause pleurisy pain?

A. Any disease of the lung including cancer can cause chest pain. Pain in most cases is due to involvement of what we refer to as the parietal pleura, the membrane lining the inside of the chest wall. Cancer of the lung can cause pain by direct involvement of the parietal pleura by the growth or more frequently because of the associated pneumonia one frequently finds in cases of cancer.

Q. If a person comes in contact with another person who has tuberculosis, does the first person naturally become immune?

A. The individual who comes in contact with a patient who has active tuberculosis does not become immune but rather in many instances will himself become infected. In many such cases, however, the disease is never manifest and the only sign that is present is the positive tuberculin test. Such individuals do have a relative immunity in that they are not apt to develop tuberculosis again when in contact with an

open case. If tuberculosis does develop in these positive tuberculin reactors, it is not due to a fresh infection but to breakdown of the latent tuberculous disease which exists in their body. For this reason, individuals with a positive tuberculin test, even though they continue to feel perfectly well, should have regular x-ray examinations of the chest.

Q. Is the same amount of TB more dangerous in younger people than in older people?

A. The outlook for recovery from tuberculosis is affected little by the age of the patient. In some older individuals the disease has been present for a long time and these cases may not respond as well to drug treatment. However, if a young person and an older person are infected at the same time, the disease in both individuals should respond equally well to modern treatment.

Q. What causes a tuberculous kidney? Is it an infectious disease? If so could a person with a tuberculous kidney, whose lungs are clear, have positive sputum? Or gastric cultures? Could it be transferred from one person to another by using the same toilet?

A. Tuberculosis in the kidney is due to infection by the tubercle bacillus which has been spread by means of a blood stream from tuberculous disease in the lung. Many of these individuals will have normal chest x-rays and no other evidence of lung tuberculosis such as positive sputum or gastric washings. The spread of the germs of tuberculosis in the blood stream occurs during the development of the primary infection. Some of these germs settle out in the kidney at that time but it may be years before the kidney tuberculosis becomes evident.

In view of the above it is impossible for tuberculosis of the kidney to be spread by using a common toilet.

MARCH SONG

Ho! for the winds of the month of March
That whistle through beam and rafter.
But a louder ho! I'll emit when they go
And the breezes of spring follow after.

—Edward Anthony

GOOD-BYE NYLON

It happened just below her knee.
The thrill was quite her own.
It must have been the final stretch
That brought the runner in alone.

—Naomi Doty

Patients' Activities

CHILDREN'S PARTY

The Children's Annex, gaily decorated with hearts and cupids, was a colorful setting for the Valentine Party held there on the afternoon of February 14th.

A special feature of the party was the presentation of Valentine Boxes sent by students of the Kentville School. These boxes are an annual gift from the Kentville students, and, needless to say, are much appreciated by both patients and staff.

Games were played under the supervision of the student nurses, and prizes were awarded to Mark Barton, Tracy Kaulback, and Stanley Lewis.

A special supper, served to the fourteen children present, brought to an end a very happy afternoon.

VALENTINE PARTY

On February 14th, the patients assembled in the dining room for a Valentine Party sponsored by the United Church Men's Club.

Hearts and cupids were very much a part of the scene; and for these colorful, artistic decorations we extend our thanks to Miss Florence Belbin, who took charge of the decorating. She was assisted by Linda Amirault and Marie Bourque.

The hosts got the party underway about 7:30. Games were played, with prizes awarded as follows: Auction 45's: Gents' high, Ernest Chapman—low, Angus Doucette; Ladies' high, Margaret Hurley—low, Mary Berkelaar; Checkers: John Reid, Calvin Cain; Chinese Checkers: Edith Amberman. Special prizes were awarded to Joanne Melanson, Marie Bourque, Maurice Belliveau, Florence Belbin, Arthur Abbott, Ernest Stephenson, Rose Comeau and Roy Saulnier.

The United Church Men's Club was well represented by Rev. K. G. Sullivan, Al Carey, Les Patterson, Ken Barron, Sam Milne, Frank Burns, Alf Jordan, William Anderson, Bob Middleton, and Lamont Larkin.

Rev. Dale MacTavish, resident Chaplain at the Sanatorium, was also present, and Mrs. Mary MacKinnon was there as Rehab. representative.

Everyone agreed that the men did a fine job in making the party most enjoyable.

A delicious lunch, provided by the hosts, was served by the Dietary Department.

PATIENTS' PARTY

On Wednesday evening, January 31, a party, under the auspices of Hiawatha Lodge, I.O.O.F., was held in the Recreation Hall. Convener of the party was Les Patterson. Other members attending were: Lennie Mason, Martin Ross, Dick Roop. Mrs. Mary MacKinnon represented the Rehab. Department.

After the hosts were introduced the games got underway, to the strains of lively music provided by Mr. Patterson. Prizes were awarded as follows:

Auction 45's: Gents' high—Bob Goodwin, low—Allen Clements; ladies' high—Rose Comeau, low—Norma Smith; Chinese Checkers: high—Edith Amberman; Checkers: Novie Oilver, John Reid, Calvin Cain, Muriel Dagley; Cribbage; high—Oran Wilkie, low—William Robar; Crokinole: Linda Amirault, Marie Bourque. In addition to these, a number of lucky prizes were given out.

While the delicious refreshments provided by the hosts were being enjoyed, Mrs. Mabel Steele of Kentville gave several humorous readings. These provided just the right finishing touch, for everyone seemed to be in very good humour when the party ended.

Mrs. MacKinnon thanked the hosts for a very enjoyable evening. The Dietary Staff did their usual good job of serving the refreshments.

THE FIRST BLUEBIRD

Jest rain and snow! and rain again!
And dribble! drip! and blow!
Then snow! and thaw! and slush! and then—
Some more rain and snow!
This morning I was 'most afeard
To wake up—when, I jing!
I seen the sun shine out and heard
The first bluebird of Spring!—
Mother she'd raised the winder some;—
And in across the orchard come,
Soft as a angel's wing,
A breezy, treesy, beesy hum,
Too sweet fer anything!
The winter's shroud was rent a-part—
The sun bust forth in glee, —
And when that **bluebird** sung, my heart
Hopped out o'bed with me!

—James Whitcomb Riley

* * * * *

Pick your friends but not to pieces.

HEALTH RAYS

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No. 3

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EDITORIAL COMMENT

Believe it or not, spring is just around the corner. Before the warm weather is really upon us I wonder how many might be interested in embarking upon a course of study. For example, we have a great many correspondence courses available, and practically no one enrolled at present. Not long ago we used to have many adults using this means in order to complete school grades or study vocational courses. It is surprising how much can be accomplished in a relatively short time if a person once makes a start. And a start is often all that is needed to encourage a person to go on to further study. Some may say, "But I have so far to go, and I've been away from studies for so long." This may be so, but consider the several adults who are now making a start at learning to read and write—they are really starting at the beginning. Others who long ago passed far beyond this stage could proceed quite rapidly if they would make use of the opportunities available.

Here at the Sanatorium we are fortunate in having three full-time school teachers, plus others who could help with correspondence courses. There are obvious advantages in oral instruction—the teacher is there when help is needed, and you don't have to wait for lessons to be returned. There are advantages, too, in study by correspondence: You can proceed at your own pace; and a course that is started while at the Sanatorium can be continued and completed when you have returned home.

In many communities there is now a good deal of encouragement given to those who would attend evening classes sponsored by the Adult Education Division. Accelerated courses are offered at several levels. One of our staff members, for example, is now completing his second and final year of a course which covers

work from grade VII through grade X. Such a course prepares one for admission to vocational schools, or for further academic study.

While comparatively few of our patients can be regarded as handicapped once their period of treatment has been completed, being out of circulation for a period of time can put one at a disadvantage. This same period of time can be put to his advantage if he has used part of it by preparing for his return to his former occupation, or to another occupation more to his liking. In recent years there has been an extension of services to those who are "disadvantaged" for any reason. Referrals are made to Mr. F. G. Wellard, Co-ordinator of Rehabilitation, Department of Public Welfare, Halifax. Through the combined services of the Departments of Education, Public Health and Public Welfare, at the provincial level; and the Canada Manpower Department, at the federal level, counselling, training or retraining and special placement services are available. A selection committee decides whether the applicant is to receive service through the Rehabilitation Division as a handicapped person or through Manpower as a "disadvantaged" person. May we urge you to take the first steps now if you wish to take advantage of any of the above services. Or, study may be just for the personal satisfaction of self-improvement. Whatever the reason, time spent in study is time well spent.

We would like to take this opportunity to welcome Mr. John W. Murphy, R.S.W., to our Rehabilitation Department as a part-time worker. Congratulations are in order as well, for Mr. Murphy has recently been appointed Executive Director of the Fundy Mental Health Centre, Wolfville.

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**ANNUAL MEETING
NOVA SCOTIA SANATORIUM
EMPLOYEES CREDIT UNION LTD.**

On Friday evening, February 16th, members of the Nova Scotia Sanatorium Employees Credit Union gathered at the Sergeants' Mess, Camp Aldershot, for the purpose of holding their tenth annual meeting.

In the absence of the President, Harry Peters, the meeting was conducted by the Vice-President, Harlan Adams. Thirty members responded to the roll call and guests and wives of members brought the total attendance up to fifty plus.

As in previous years the financial report given by the Treasurer, Mrs. Alta Covert, played a prominent part in the business portion of the program. It was pointed out that although our balance sheet showed a net profit for the year there had nevertheless been a decrease rather than an increase over that of last year. This has been due to the fact that members have not been making full use of the credit union in meeting their financial needs. Mrs. Covert urged the members to come to the credit union first if they are considering a large financial investment such as purchasing a car, etc. The service offered is as good or better than that offered by banks or finance companies and members should take advantage of this.

Because of the decrease in profit members agreed that we should continue to pay a 4½% dividend to shareholders and that the remainder of our surplus be used to pay 5% rebate to borrowers. Members will follow the previous practice of paying their own dues for the year.

Following the business meeting Mr. Gordon Chaisson, area representative for Cuna Mutual Insurance Society, spoke to the group concerning a Group Life Insurance Policy available to credit union members and Mr. J. P. "Joe" Kennedy, Nova Scotia Credit Union League Representative, explained what the new League Savings and Mortgage Company is and how it will operate.

Following this Mr. Charles Brister and his wife Joan of Centreville entertained those present by showing slides they had taken during a trip across Canada and return via the northern States. These were most enjoyable.

By this time members were quite ready for refreshments. Here we wish to say a very special thank you to Mike Ricketts and Earl Bigelow for the effort they put into making up such attractive and delicious plates of food.

A number of the members and guests enjoyed several hours of dancing before finally calling a halt to a very interesting and enjoyable evening. To all who assisted in anyway, a very sincere thank you.

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Man is constantly searching for the meaning of life! He looks in every direction for the answer to this quest. There are many echoes in the material fabric of our society today that would capture man and lead him into a superficial awareness of the meaning of life. But it seems that even then, man, by virtue of his own nature, knows that something is still missing; he knows that there is a vacuum within that needs to be filled; he has an irresistible feeling of something that is good and pure but that somehow these virtues are suspended on a piece of string for which he continues to reach out and it continues to move away from him.

There is a spiritual dimension to life and most of us are striving to find it and to weave it into the texture of our everyday living, both in our thinking and in our feelings.

J. B. Phillips, in his book, entitled **Making Men Whole**, tells us that there are three well defined stages of the work of Almighty God in making men whole.

The first is the stage at which a man sees himself as a personality in conflict with itself. Surely this is the thing that has called men and women into a shocking awareness of their sin, of their estrangement from the One who created them. This is that which caused the Apostle Paul to be transferred from a persecutor to an expounder of the Christian Faith. The love of God for us is a painful recognition of ourselves as we really are and it is at the same time an understanding of the type of person we are capable of becoming in Jesus Christ.

Then there is the stage where a man realizes a need for his fellow Christians and their need of him. To enter the deeper dimensions of the Christian Faith is indeed a Gethsemane experience. You feel, as you have never felt before, the darkness of despair. You need, as you have never needed before, to know that there are those who care and that there is a God of love. This realization may be instantaneous or it may be gradual, but sooner or later we feel the truth of St. Paul's statement that there are "many members, yet but one body." We realize also that "men have different gifts, but it is the same spirit Who gives them," and that it is only by true fellowship and cooperation with other people that any kind of wholeness can come in-

to being in any community.

The third stage is to realize not in theory but in practice that in this world that God has created, the various races, with their particular contributions, need one another to make the "one new man." I daresay there are those in the church who are far in advance of others in experiencing this enriching wholeness, but all of us have a long way to go before we see how far-reaching the plan of wholeness really is. And yet it is toward this experience of wholeness that the Spirit of God is gently but aggressively driving us, and any step we take towards it is a step in the right direction.

But we must not stop here. There is a fourth stage—the fact of what, for want of a better name, we call eternity. The fact is that eternity is an essential part of man's existence as a Son of God, and without it there is no perfect wholeness.

How right was St. Paul when he wrote: "If our faith in Christ were limited to this life only, we should, of all mankind, be the most to be pitied." But our hope in Christ is not confined to this life; we dare not limit his work to this little temporary stage. Behind all our strivings and our prayers there lies the unchanging purpose of God. Behind our imperfections lies his utter perfection. We see His work of "making men whole" begun, but we never see it complete. We see his kingdom growing in size and strength, but we never see it universally established.

So you must look within, but you must also look to the future. You must see the purpose of God for your life as a continuing process. It is then that you find something of the abundant life. You experience enough of it to know that in Christ you can find the meaning of life; you become aware that God "in whom we live and move and have our being" is able to provide you with that wholeness for which you are desperately striving.

Let us Pray. Our Father, let us be thankful for what you have done for us in Jesus Christ. We search for meaning and yet we are told that we can find it in Thee. Help us to remove those things that would keep us from an awareness of Thy love for us. May we become more like Thee in all our personal relationships. In Jesus' Name,

Amen.

HOLDING ON TO GAINS

In 1967 the International Union Against Tuberculosis met in Holland, and the Secretary General, Prof. Etienne Bernard, made use of the occasion to stress the example that the Dutch have given to the world in general and which he thought should be taken to heart by tuberculosis workers in the lucky countries which now have low tuberculosis rates.

Something like this is the way Prof. Bernard put it:

"Over the centuries the Dutch people have learned to push the sea back so that they can till the soil beneath, can create pastures for their cattle and have fields to plant grain or build homes. But they have learned too that when they have won a polder from the sea they must not think it is theirs without any more effort. They must keep on pumping to clear out the water that seeps in slowly. They must watch the dykes so that any crack will be seen and repaired immediately. They have learned also that even though they work hard and watch diligently, one bad storm—and they lose the gains made by years of work.

"We would be wise to think of tuberculosis in the same way that the Dutch people think of the sea. In the western world we have pushed this disease back—we have won a great many polders. But the sea can come back on us—figuratively. It happens every time there is an epidemic."

Thinking over what Prof. Bernard said it occurred to us that it applied to an individual's health, too. It takes a certain

persistent effort to maintain it. The too-heavy person who on his doctor's orders has managed to take off 35 pounds cannot then forget dieting and eat all he wants. The cigarette smoker who has managed to break the habit must not decide after seven or eight years that he can indulge himself. The victim of alcoholism must not let himself have even one drink.

Those who have had tuberculosis have their own polders to hold against this disease. They have to stay on their pills faithfully. They must report for check up so that the doctor can inspect and make sure that their "dykes" are in good repair.

Is such persistence worth it? The Dutch, who have been at it for centuries, think it is. So do we.

—TB . . . AND NOT TB

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Old Timers

As the wind howls, the snow swirls, and windows rattle, we realize that winter is still very much with us, in spite of those few balmy days that almost had us fooled. But spring will come, and be the more pleasant for all this.

And now let's mingle with our old timers for awhile. Although Anne Marie's present office location cuts her off from direct contact with those who visit the Sanatorium, she has succeeded in bringing us some very interesting items. For instance, Mrs. Ursula Campbell of Greenwood is teaching skating to a class of eighty pupils. Mrs. Campbell, who was an investigation patient here in the not-too-distant past, was in recently for a check-up.

While on a trip to Tracadie, Antigonish County, Mary and Percy Doucette saw Mary Cotie of East Tracadie, and learned through her that the manager of the Dominion Store in Kentville is the son of Fledda MacKinnon of New Glasgow. Mary C. and Fledda were Sanatorium patients in 1950, and enjoy good health now.

By the correspondence route, Mary D. heard equally good news of some other 1950 patients—Edna Rogers of Heatherton, Antigonish County, and Evelyn (Comeau) Lombard of New Edinburg, Digby County, and her sister Thelma of Grosses Coques.

Stan Robichaud met Leo Peters of Dart-

mouth, while shopping in the K-Mart store in that city, recently. Leo, who was here in the early 'Sixties, keeps well, and sent greetings to his Sanatorium friends. He is currently employed by the Navy — electronics division.

Those whose association with the Sanatorium goes back to the early and mid 'Thirties will remember Peter Nearing, a young man of many accomplishments, and an eager participant in San activities. To **Health Rays** he gave generously of his time and considerable literary talent, both as staff member and contributor of articles and poems. The "cure" completed, Peter resumed his studies for the priesthood, and after many years of service as a parish priest, joined the staff of Madonna House in Combermere, Ontario. From there he has written to Dr. and Mrs. Hiltz who kindly share their news with us. For the past three years Father Nearing has been working on a biography of the late Bishop John R. MacDonald of the Diocese of Antigonish. This stupedous undertaking will require another year to complete, but it could not come from a more worthy or able pen. That Father Nearing still has pleasant memories of Sanatorium life is evident from these words of his ". . . I was recalling some of the happy and amusing things that happened at the San. It is as if it were yesterday."

THIS HALF PAGE WITH THE
COMPLIMENTS OF

Don Chase, Ltd.

The customs man poked through an old gentleman's luggage and located a flask of whiskey.

"I thought you said there was nothing here but clothes," the inspector said.

"I did and it's true," the old gent replied. "That, sir is my nightcap."

* * * *

Mr. Smith and Mr. Jones were on their first plane trip. When the aircraft landed in Detroit, a small red gasoline truck raced onto the field. Later, the plane landed in Chicago, and again a small red truck sped up: Later, the same thing happened in Omaha. "This plane sure makes good time," said Smith. "Yes," answered Jones, "and that little red truck does pretty well, too."

The sixth Annual Meeting of the Nova Scotia Sanatorium Combined Charities Fund was held on February 21 with Mr. John Lawrence presiding.

During the year, the sum of \$1,971.34 was donated by staff members to the Fund in support of eleven charities which conduct Provincial Campaigns. In addition, \$662 was contributed to the support of three children in Ecuador, Greece and Vietnam under the Foster Parents' Plan.

Directors elected for two years were Miss Marguerite MacLeod, Mrs. Cecilia Pascoe, Mrs. Helen McKinnon, Mrs. Catherine Boyle and Mrs. Edna Doucette, to act with continuing directors Dr. J. E. Hiltz, Mr. John Lawrence and Misses Marjorie Croft, Eileen Quinlan and Anne Marie Belliveau.

The Allotment Committee is to be chaired by Dr. J. J. Quinlan, assisted by Miss Joan Walker, Miss Virginia Allen, Mr. John Akin, Mrs. Hope Mack, Mrs. Violet Silver and Mrs. Jean Ells.

Pledges for the current year so far are some \$200 in excess of the 1967 donations.

TB in the World

There are more than 15 million active cases of tuberculosis throughout the world; between two and three million new active cases each year; and possibly two billion, more than half the world's population, infected with TB germs. There are between three and five million deaths from tuberculosis each year.

If there is a silver lining in the dark cloud of tuberculosis, perhaps it is that through cooperation and mutual help man is conquering one of the great scourges.

One person out of four suffers from a bad cough each year and one out of eight suffers shortness of breath—both symptoms can be signs of serious respiratory disease.

VIRILE VIRUS

The war brought the antibiotic, new surgical technics and sweeping advance in physical rehabilitation. The antibiotics pushed back many of the bacterial diseases, only—it now seems—to make room for viruses. In the 50 years of viral discovery prior to 1946, man knew of 60 viruses capable of infecting man. Now more than 200 have been identified and the trend of discovery is continuing. Virology—it is now clear—will take more of the spotlight in the public health and medicine of today and tomorrow.

(American Journal of Public Health Vol. 54, No. 1, Jan., 1964).
via The Northern Light

Happiness is not given but exchanged.
—French Saying

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Just Jesting

In a small village in Ireland, the mother of a soldier met the village priest who asked her if she had had news. "Sure, I have," she said, "Pat has been killed."

"Oh, I am very sorry," said the priest. "Did you receive word from the war office?"

"No," she said, "I received word from himself."

The priest looked perplexed, and said, "But how is that?"

"Sure," she said, "here is the letter; read it yourself."

The letter said: "Dear mother, I am now in the Holy Land."

An Irishman on returning to his native isle enthusiastically told of the power of the Irish in America. Quoth he: "Nobody goes until the lights turn green."

The Nordic: "Aye vant to take dis book from de library."

Librarian: "This 'Ben Hur'?"

The Nordic: "Yes, dat ban she."

Miss Lacey: "Come here, Michael. This essay of yours on 'Our Dog' is word for word the same as your brother's."

Michael: "Sure. It's the same dog."

Dr. Kloss: "Have you ever run a temperature?"

Ralph: "No, but I've driven almost every other make of car."

Marie: "Did you wash your pyjamas today?"

Betty: "Yes."

Marie: "Did they run?"

Betty: "I hope they are still there."

Mary: "What does it mean to wax people?"

Sharon: "Wherever did you hear that?"

Mary: "Mrs. Clark said on St. Patrick's night the patients waxed merry."

Emily: "How cad I ged rid of this cold?"

Helen: "Take a log walk id the oped air; that's wad I did for bide."

Facetious

Voice on phone, 3:00 a.m.: "Mr. Smith?"

Mr. Smith: "Yes."

Voice: "Is your house on the busline?"

Mr. Smith: "Yes."

Voice: "Well, you'd better move it there's a bus coming."

Mrs. Lenn: "My husband's car is the latest one out, you know."

Mrs. Benn: "Yes, I've heard the neighbors complain that it wakes them up when he puts it in the garage."

December and May

Mistress: "Of course you can have your job back, Liza, but why did you leave your husband? Married life unhappy? December married to May, perhaps?"

Liza: "It was more like Labor Day married to de Day ob Rest."

Customer: "You say this suit is wool! The label says 'cotton!'"

Clerk: "Oh! That's just to keep the moths away."

Maurice: "Mom, we had an algebra test today—only five problems."

Mom: "Well good. How many did you miss?"

Maurice: "The first two and the last three."

Woman (on the telephone): "Is this the game warden?"

Game Warden: "Yes, it is."

Woman: "Thank goodness. What games do you suggest for my five-year-old son's birthday party?"

A man took four friends to visit a farm he owned. The visitors entered the tenant farmer's house and were a little embarrassed when they discovered he had only two chairs. They stood around awkwardly and finally the owner said:

"I don't believe you have enough chairs here."

The old farmer took a dip of snuff and drawled, "I got plenty of chairs, just too durn much company."

A lecturer, talking on the population explosion to a women's club stated: "Do you realize that somewhere in the world a woman is giving birth to a baby every second?"

The audience gasped.

The lecturer asked: "What do you think we should do about it?"

A woman rose to her feet and declared: "Find her and make her stop!"

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A gentleman walking along the road met a small boy leading a dog; he stopped and asked the boy: "Son, what are you going to do with that dog?"

"Sell him", replied the boy.

"For how much?"

"Fifty thousand dollars."

"Do you think you can get that much?"

"Sure," replied the boy.

A few days later the gentleman met the boy again and asked:

"Did you sell your dog?"

"Yes."

"Get fifty thousand dollars for him?"

"Yes, but had to take two cats at twenty-five thousand dollars each."

Mr. Long: "Was it a case of love at first sight?"

Mr. Short: "No, second sight. When he saw her first he did not know she was a wealthy widow."

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Hope For Emphysema Victims

If every breath you draw is a struggle because you have the lung disease called emphysema, don't give up hope.

There is no known cure for your condition, but you can learn to breathe without expanding all your energy in the process.

This is the message of an article published in a recent issue of the **Bulletin** of the National Tuberculosis Association.

Two doctors and a nurse connected with the University of Colorado Medical Centre, Denver, discuss a rehabilitation program that can make the difference between helplessness, and consequent hopelessness, and a brighter outlook on life for the patient with emphysema. The authors are Thomas L. Petty, M.D.; Michael Finigan, M.D.; and Louise M. Nett, R.N.

Emphysema is a condition in which the air becomes trapped in the lung and is expelled with great difficulty. Its principal symptoms are shortness of breath and cough, and it is second only to heart disease as a cause of total disability in the United States.

Until recently even physicians took a gloomy view of the condition and their advice to patients was apt to be negative—"Don't exercise, don't exert yourself, don't—don't—don't—." But now doctors, nurses, and volunteer aides are taking a new look at the condition, and with the new view the emphasis is on the possibilities, not the prohibitions.

Even the one definite prohibition is expressed positively "Cease smoking."

The Marine Touch

Editor: "Who wrote up this story of the wedding of the American heiress to the foreign nobleman?"

Assistant: "The society reporter was ill, so we had to send the ship reporter."

Editor: "I thought so. He's headed it "Tied up to Her Peer."

Rehabilitation programs "based upon patient education, breathing retraining, bronchial hygiene, and a graded exercise program leading to general physical reconditioning" have been developed in various centers, according to the authors.

A main point of the program is to teach the patient how to breathe slowly and deeply in order to extract more oxygen from the air and to eliminate more carbon dioxide. This means learning how to let the abdominal muscles become lax during inspiration and to contract them slowly during expiration, pursing the lips to fortify the work of the muscles in forcing air out of the lungs.

Another point emphasized is bronchial hygiene, that is, protecting the lungs against infection and irritation and clearing them of secretions. Not only is it essential not to smoke at all, the authors state, but excessive air pollution and noxious irritants should be avoided as much as possible. Furthermore, chest infections must be treated promptly.

Since improved activity for each patient is a yardstick of success in a rehabilitation program, the authors state that the ability to walk and climb stairs to a level beyond that possible before rehabilitation "is an important measure of improvement". In fact, they note, exercise gained in walking "is exceedingly beneficial in retraining the patient with respiratory disease."

—Kansas Health Education.

—via SoCaSan Piper

Salesman (wiping the perspiration from his brow): "I'm afraid, madam, that we've shown you all our stock of linoleums, but we could get more from our factory."

Customer: "Well, perhaps you'd better, you see, I want something of a neater pattern and quite small. Just a little square for my bird cage!"

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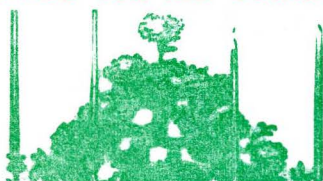
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