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NOVA SCOTIA SANATORIUM
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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. Alice Porter

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

PRESYTERIAN

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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JANUARY, 1968

No. 1

A New Year's Prayer . . .

*For this new year I ask Thee, Heavenly Father,
Enough of joy to make my spirit sing
Through days both dark and fair; and yet of sorrow
Enough that I may never cease to cling
Close to Thy hand. For I can find true comfort
Only in Thee, my Father, this I know,
And I would walk most softly where Thou leadest,
Nor question any path Thou bid'st me go.
Lord, grant to me the blessedness of labor,
For, oh, I shrink from inactivity.
I seek no honored place among the mighty—
Just humble work that I can do for Thee.
Let friendships crown my life this year, I pray Thee;
I would be close to those I count most dear,
Yet not lose sights of those beyond the circle
Who draw aside with hearts of doubt and fear.
If vital health should be my happy portion
I shall be grateful. Yet to walk with Thee
(If thus I please Thee better) in Pain's garden,
I would be willing, Lord—but grant to me
A heart of sympathy for all who suffer,
A word of hope for countless ones who mourn—
And in the darkest night of all the year, Lord,
Let some sweet song of living faith be born!*

By Kathryn Blackburn Peck, from the *Church School Builder*

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



At the Staff Christmas Tea on December 21, we said our farewells to two senior employees who were about to leave us soon. Clifford Beeler retired on December 31 after over seven years as Handcraft Instructor in our Rehabilitation Department. Ross Hiltz will be leaving

us on January 31, 1968, after over 39 years as orderly on our Housekeeping Staff. Their fellow workers and also the Civil Service Association presented them with tokens of esteem. Our very best wishes are extended to both of these faithful and conscientious staff members. They will be greatly missed by us all.

It was a wonderful Christmas season at the Sanatorium again this year thanks in large part to our many friends who wished us well and also made a personal effort to bring cheer and comfort to our patients.

Early in December, our affiliate Student Nurses started the Christmas Season for us by presenting a splendid concert for the patients. This was followed by innumerable groups who came to sing carols during the ensuing days around the grounds and throughout the wards. The Barbershoppers have even promised to return later in the new year and put on a special concert for us in the Recreation Hall.

Particular mention should be made of Mrs. Carol Hall's Kentville Brownies who made such a wonderful winter scene out of nuts, shells, cones, grasses and toothpicks. It was truly remarkable and elicited great admiration from many of our visitors.

The women of TOPS (Take Off Pounds Sensibly) surprised our Children by presenting us with a new record player which is much appreciated. For over thirty years, Dorothy and C. Chester

Smith of Windsor have made a generous donation to our Patients' Comfort Fund and help to make it possible to provide gifts for some patients who might otherwise be forgotten.

Old Santa took time off from his duties to visit everyone at the San a few days before Christmas. He had a cheery word, a Ho! Ho! Ho! and candy for everyone. The Sunday before Christmas Eve the Newport Male Choir braved the weather to present a Christmas concert at the San and the day before a group of singers from Halifax under the direction of Raymond McLeod had a very slippery trip to Kentville to present a splendid concert. It is hoped that both these groups may return soon.

To this list, we must add all the Service Clubs and Church Groups, including the Salvation Army, which sent or delivered parcels to our patients or brought cheer in other ways and the many other acts of kindness shown patients by staff members and visitors alike. Although the Sanatorium can never replace home, especially at Christmas time, I do believe and hope that those who stayed here during this holiday season did have a reasonably enjoyable time and that we were able to provide a home away from home which was only second best to next year at home.

Our thanks are extended to all our benefactors, known to us and unknown to us. To them and to you, our readers, we wish a very Happy, Healthy and Prosperous 1968 filled with all the good things you so richly deserve.

My Hebrew friends have two splendid greetings for all seasons: Shalom—which means "Peace be with you" and "Next Year in Jerusalem" which was their centuries old pious hope to meet their friends in the Promised Land.

To each of you I say "Shalom". To our patients, I extend my version of the second greeting which is "Next Christmas at Home".

Happy New Year to all.

Two fellows met. "Is it unlucky to postpone a wedding?" asked one. "Not if you keep postponing it!" replied the other.

With all the modern equipment now, about the only thing in a household that is hand-washed these days is the people.

CAMSI Centennial Exchange, Inuvik '67

A project of the Canadian Association of
Medical Students and Interns

Ruth LeLacheur

Having spent three weeks this summer in Canada's northland, I thought it might be of some interest to all my friends at the Nova Scotia Sanatorium to hear something of my trip and what we as medical students did there.

Our group, consisting of five medical students, left the Maritimes on Saturday, August 13, for Montreal where we joined groups of medical students from Quebec. The same day we went on to Edmonton where the complete group of fifty-six students and twelve professors met for the six hour charter flight due north to Inuvik, 1200 miles away.

Inuvik is a modern town built on the shores of the East Channel of the MacKenzie River about 80 miles from the Arctic Ocean. Construction of this village (pop. 2400) was begun in 1955 when it was decided to move the administrative centre of the MacKenzie Region from Aklavik on the West Channel to a new site. Consequently, all the buildings are very modern and their 100 bed hospital is as well equipped as any in a southern Canadian centre. The buildings of the village are all on piles about three feet above ground level, a reminder that a few inches below the surface of the soil the earth is permanently frozen, the permafrost which plagues every project in the north. As a result of this, all heating pipes, sewage and water lines have to be encased in a heated system known as a utilidor, which snakes its way among the houses of Inuvik. This modern convenience cost the government of Canada \$100 a foot and there are several miles of utilidor in Inuvik.

Provisions were not made for non government civilians, i.e., whites, Metis, Eskimos and Indians who moved into town and, consequently, the west end of the village is "unserved". Here water is delivered by truck at 2c per gallon and garbage is collected on a regular basis. Life here is not as easy and the contrast between the roomy, modern, bright, government workers' facilities and the small one or two room cottages of the native peoples is very striking and a sad commentary on our modern day affluence and poverty.

Inuvik is within the tree line and consequently there is vegetation consisting of small stunted spruce, Arctic fir, larch and grasses. The daily temperature at the end of August was a surprising 70 -

80° F. but at night it became very chilly with a hint of the quickly approaching winter.

The population of Inuvik is approximately 2400 people made up of 200 Indians, 550 Metis, 750 Eskimos, and 950 "whites". The population includes some 500 students housed in hostels run by the Roman Catholic and Anglican churches. It is to these hostels that children from all over the Arctic are airlifted each fall and taken home from each summer. The hostels are neat, tidy, well run, buildings but are causing havoc to family life in the North. Children are no longer under parental influence for nine months of the year; they forget their own language and in the summer holidays return home to physical surroundings vastly different from the modern hostels. Gradually, they come to reject their northern customs which, in former years, led to survival in the north and they try to live as "southerners". At present, there are not enough jobs for well educated natives in the north, so many of these Eskimo and Indian children are forced to move to the south or, in many cases, do this gladly as they can no longer accept the type of life their parents lead.

The town of Inuvik has the usual quota of stores and facilities found in any town. The Hudson's Bay store is the main one and there is also a bakery, radio station, laundry, a newspaper office, churches, and a local hotel with a bar known rather appropriately as "the zoo". Thus, during our stay in Inuvik it was very difficult to realize you were anywhere near the wilderness.

While in Inuvik, we attended lectures, films, and discussions on the North and its problems in the field of health, transportation, sociology, economics, and politics. At many functions, we were able to meet and discuss with the community leaders the problems they were facing but rarely did we get a chance to meet the ordinary people of the town—those who had to live under the present living conditions and administration.

However, those of us who made an effort to meet people found it very rewarding. During this time also, I made side trips with groups of students to visit Reindeer Station, a small community 30 miles up the MacKenzie River and Fort MacPherson, a Loucheux Indian town 90 miles to the southwest.

After ten days of orientation in Inuvik we were sent out in small groups of six, accompanied by a member of the summer school faculty to one of the smaller communities in the north to carry out physical examinations and give any necessary medical care to the population. Our group was sent 1200 miles directly across the Arctic to the tiny community of Spence Bay located on the Boothia Peninsula, the most northerly point of land on the North American continent. This journey, in one and two-engine Beaver and Otter Aircraft, took us over 48 hours as the result of poor flying conditions. The first day we touched down at Coppermine, a small community in the Central Arctic and then flew on to Cambridge Bay that night. We were forced to stay in Cambridge Bay for a day because of a low ceiling and thus had the opportunity to see yet another northern community. Everywhere we stopped we were made welcome by the nurses and the people themselves who had never seen so many "doctee's"—their native word for doctor, before in their lives. "Cam Bay" as it is known in the north, is the headquarters for one of the main DEW line stations and is the centre of activity for the section of the Arctic in which it is situated.

The next day, it was on to Spence Bay over miles and miles of lake-filled, treeless, rugged terrain with no sign of vegetation or habitation. On our arrival we were greeted by snow and a bay so full of ice that our landing was made on a lake about two miles from the town. Spence Bay has a population of some 400 people, most of whom were out at camps fishing while we were there. It is the last village in the North largely untouched by government aid. Here, the people make a living by hunting and fishing, living in tents or igloos depending on the season of the year. About 20 families now live in one or two room bungalows and by 1969 the government hopes to have proper housing for all the people of the village.

The land on which Spence Bay is located is granite rock covered by coarse glacial drift (which in essence was medium sized boulders) and the only vegetation is lichens, mosses and an occasional mat of willows. There were no proper roads but several trails bulldozed clear of rocks by the only vehicle in town, a caterpillar tractor. So, for the duration of our visit, we scrambled over rocks to get from place to place.

The nursing station which was the centre of our activities in Spence Bay is a very modern structure providing living quarters for two nurses, a dispensary,

and several rooms for patients. The nursing station was staffed by two very capable South African nurses who have spent several years in the North. Unfortunately, the North cannot use Canadian trained nurses as they are not permitted to take responsibility for the deliveries which is a necessary part of nursing in the North.

For three of us, our first stint of frontier medicine began very quickly when we delivered a baby in the nursing station the first evening. This was done without the aid of any modern equipment such as delivery tables, and adequate light, and without the use of analgesics.

The health problems of the North are much the same as anywhere else in the world, but here we found everything just a bit worse. Ear infections, with perforated drums, severe respiratory tract infections and chest deformities, which are a sharp reminder of the days when tuberculosis was rampant among our native peoples. Thanks to modern day testing, treatment, and close supervision, this is much less of a problem than it once was.

During two days at Spence Bay, we did 150 physical examinations, conducted glucose tolerance tests, went seal hunting and held several parties for the people of the village. However, our stay was cut short by the fact that the weather became bitterly cold and the snow and winds began in earnest. It was decided to get us out as quickly as possible so our stay in Spence Bay was limited to three and a half busy days.

Our return journey took us back to Cambridge Bay and Yellowknife, the new capital of the North West Territories, where we stayed for a day. From there it was back to Edmonton for four days of summarization of our trip and collection of data and from there back to our respective medical schools.

The trip left me with many memories and impressions, a new awareness of the vastness of our country, and the great need there is for us to be conscious of and concerned about the problems of our native peoples. I am sure that many of us will return some day to spend at least a few months or years trying to bring the North better health services. This account has been brief and many details are lacking but I do hope that I have shared with you a few impressions of and information about the North and the CAMSI Centennial Summer School '67.

(Miss Ruth LeLacheur was the very personable and capable intern who worked at the Sanatorium for two months during the summer of 1967. She left us to journey to Canada's northland as explained in this article. Ed.).

TB? LOOK AT THE FACTS

TB isn't a problem?

As people involved in the daily business of tuberculosis control, we are often struck by the cruelty of this disease which, in the minds of many, doesn't cause much trouble any more.

Trouble! A week or so ago, a young woman died of TB. She was a patient in our Winnipeg clinic, a new arrival from the eastern hemisphere who had come to this country with great expectation of a bright new life.

But fate ruled otherwise. Hardly had she set foot on Canadian soil when she was admitted to hospital with miliary tuberculosis and meningitis. While doctors and nurses watched helplessly, massive numbers of tubercle bacilli invaded the blood and lymph systems, spreading like wildfire to vital organs . . . and in the end, causing death before the drugs and all other medical aid could stop the destruction.

TB isn't a problem? Ask the dead woman's family . . . or the families of the 28 Manitobans who died from tuberculosis last year. Ask the 214 new victims who were added to our active TB files last year . . . the people who didn't die of their disease, yet had to face frustrating months in hospital, many more months on drugs at home, and long periods of unemployment.

True. TB doesn't slaughter wholesale as it used to . . . but it still strikes in the same old way . . . out of the blue, without much preference for age and often without regard for social and economic status.

Sometimes it is just one member of a household who winds up in hospital. Sometimes it is several members. The other day a whole family of five was admitted for treatment at the Central Tuberculosis Clinic. All but the father have active disease. His three-year old twins have miliary disease; the mother and seven-month old baby are also pretty sick.

It is supposed that the family caught the disease from a neighbor who died a short time ago from far advanced tuberculosis. Follow-up of this whole community in central Manitoba is going on right now in hopes that a large-scale outbreak will be prevented.

Sometimes, however, the whole community does become infected.

Just recently we heard about a group of people in the Maritimes who wanted to burn down a 16 room school. These people, we understand, belonged to an upper middleclass community in Nova Scotia,

which had suddenly become frightened when they learned that 32 of the some 600 children in that school had developed tuberculosis. Several youngsters were very sick before their disease was discovered on a routine tuberculin survey.

A number of alarmed people weren't fooling when they suggested burning down the school. Eventually they were talked out of it . . . but not a great deal could be done to assuage the grief they and others felt in seeing so many children hospitalized . . . and so many, at that, with positive (infectious) sputum. In all, in this prosperous community, where TB epidemics "are not supposed to happen nowadays", 34 were sent to sanatorium and 200 others were put on drugs to prevent the development of active disease.

During the past few years there have been 20 similar outbreaks of tuberculosis in Canadian schools and communities . . . a few of them right here in Manitoba. Not all were as big as this latest one in the Maritimes—but the same hardship and heartbreak were there.

TB isn't a problem? Don't tell us nonsense. We're too close to the situation.

—Sanatorium Board of Manitoba News Bulletin.

* * * * *

SIX THOUSAND YEARS AGO

A neolithic burial ground near Heidelberg has yielded the skeleton of a young man showing fusion of the fourth and fifth dorsal vertebrae. This, tuberculosis of the spine, was already affecting prehistoric man some six thousands years ago. Reference is made to the disease in the famous Semitic code of the illustrious Babylonian King Hammurabi—2,000 years before Hippocrates, and the Edwin Smith papyrus written in Egypt in 1600 B.C. gave the first descriptions of chest diseases. Bone lesions probably caused by tubercle bacilli have also been recognized both macroscopically and microscopically in the mummified body of the venerable priest of Ammon, exhumed from a tomb of the twenty-first Egyptian Dynasty, 1000 B.C.

Excavations in one area of Egypt have unearthed so many bodies with tuberculous lesions that some experts think there was a large sanatorium in ancient Egypt.

—The Link

* * * * *

The younger generation is more in need of models than critics.

The Order of St. John & The St. John Ambulance

N. Trevor, Chairman, Kings County Branch St. John Ambulance Association

HISTORY OF THE ORDER

The history of St. John actually goes back to the time of the Crusades, and it is the oldest order of chivalry in the Commonwealth. When the Crusaders captured Jerusalem in 1099, their sick and wounded were nursed in an ancient hospice by men known as "Poor Brethren of St. John". They provided such wonderful, self-sacrificing care that the Crusaders were greatly impressed and returned home singing the praises of this hitherto obscure group of Christians. Many of them decided to follow their example of service to their fellow man, and as a result, the Order of St. John was born. Incidentally, this hospital is still in operation having been completely restored and re-opened in 1960 as an ophthalmic hospital, fully supported by the Order of St. John.

From that time on the Order grew and prospered. In its early days it became more military in character as its members shared in the defence of the Holy City and Christianity, but its knights never forgot their origin and continued to serve in the hospitals.

After the Christians were driven out of Palestine, headquarters of the Order were moved about the Mediterranean as the Knights Hospitallers defended Christianity, finally locating in Malta in 1530. After the fall of Malta to Napoleon in 1798, the military history of the Order came to an end and from that time in its members devoted all their energies to works of welfare and charity. (It was during Napoleon's leaving the scene of this conquest that he met Lord Nelson in the Battle of Aboukir Bay which sounded the death knell of Napoleon's rise to fame).

In 1888 Queen Victoria granted the Order a Royal Charter and became its Sovereign Head, an office now held by Queen Elizabeth. The Order is now active throughout the Commonwealth. "The Sun Never Sets on the White Cross of St. John."

In Nova Scotia the first St. John Ambulance classes were held at Halifax in 1892 and the work of the Order has prospered in all provinces excepting P.E.I. As the Queen's representative the Governor-General is Prior of the Order in Canada.

St. John has trained over 1,000,000 Canadians in First Aid and many thousands in Home Nursing. In time of war and at disasters such as the B.C. floods, the Cabano fire, the S.S. Noronic, the Manitoba floods, the Springhill Mine Explosions, the St. John members have given dramatic proof

of the value of their training. A recent important assignment is St. John's responsibility for training Civil Defence workers in First Aid and sharing with the Red Cross the responsibility for Home Nursing training.

I think you will agree that there is a real need for the St. John Ambulance organization in today's world. In addition to sponsoring classes of this kind which provide training for members of the public in First Aid, Home Nursing and Child Care, St. John has more than 8,000 members in the Brigade. These are the uniformed members of St. John whom you see at sporting events, parades and other public gatherings—or in hospitals and clinics. They are all volunteers who perform this public service in their spare time. One of the important advantages of the Brigade is that it is an organized, disciplined group valuable in an emergency. In addition to the enrolled Brigade Members, St. John has an "invisible army" of over 60,000 persons in Nova Scotia who have received First Aid and/or Home Nursing training and stand ready to serve at the scene of an accident or an emergency requiring their skill.

ACTIVITIES IN KINGS COUNTY

In Kings County there are three St. John Ambulance Brigade units. These are located at Kentville, Waterville, and Kingston-Greenwood. These three units have taken on the responsibility for providing First Aid posts at all large public gatherings, and have contributed freely of their time in order to carry out Home Nursing and ambulance duties for the poor and the sick throughout the County. Many of these latter duties are done at the request of welfare or Church leaders, and because of the confidential nature of the duty the general public never hears of them.

The St. John Ambulance Association in Kings County holds First Aid, Home Nursing, and Child Care courses at the request of groups such as Boy Scouts, Guides, Air Cadets, Fire Departments, etc. This County is one of the more active areas of Nova Scotia in this field.

The result of all this activity? Last year, over 14 lives were saved in this Valley directly as a result of St. John training. In addition, over a hundred reports of First Aid being given by St. John trainees were received, and four persons were presented to the Lieutenant-Governor of the Province to receive Meritorious Life-Saving Certificates.

ALLERGY—The Strange Disease

Grandmother probably never heard of an allergy. She knew that, come late summer, life was made miserable for some people by hay fever. She knew what happened to those who got into the poison ivy when out berry picking. She knew also that here and there in the village were individuals who for no known reason "broke out in a rash". Even so the word "allergy" probably was not in her vocabulary.

Like a lot of medical terms, it was borrowed from the Greek, from a word which meant "a strange disease". Even in the time of Hippocrates it was quite clear that allergies were queer and baffling.

You hear people say in puzzled or provoked tones, "There didn't used to be so many allergies". If our memory is any good, they are right. Our parents' generation weren't the martyrs to allergies that our friends are.

Some of the observers blame the increase of discomfort on a change in human nature. They suspect us of being fussier, or more given to coddling our ills, or somehow failing to be as rugged as our forefathers.

They may be right **but** our forefathers as a rule did not run up against such an array of things which provoke allergies as almost anyone does now.

In 1900, for example, the diet of the average Canadian had far less variety than it has today. The vegetables and fruit which he ate were those which grew in the district and he had these only when they were in season. If experience taught him that fresh strawberries or ripe tomatoes caused a rash—well, he didn't have to deny himself the pleasure of them for very long because they were only available for a matter of weeks.

Now it's different. Due to the advance of the fresh frozen industry and the use of refrigerated cars and trucks, a great variety of fruit and vegetables can be purchased any season. The result is that sensitive people have to resist temptation the year round.

Then there are those who react violently to shell fish. There was a time when if they did not live within a day's travel of the sea they would never have known their weakness. Now with oysters, lobsters, shrimps and all in the neighbourhood grocery store they have to do without things that inland people never saw fifty years ago.

What goes down the hatch is not all that has to be watched. There are quite

a few things which attack the way poison ivy does—by the skin route. Many a woman has to pick and choose carefully when she selects the cleaning materials she is going to use. Grandmother never gave a thought to detergents. Plain soap was what she had and that was that. Fortunately nobody seems to be allergic to it, though small boys react badly.

Clothing materials were limited too—cotton, wool, linen and silk. Some people may have found wool made them itchy and if so they avoided it. Now there are synthetic fibres and some claim they can't wear them.

To add to the complexities for those who are especially sensitive there is the great increase in the range of drugs used. About the saddest case we have ever seen of an allergy running wild was caused by an ointment used for athlete's foot.

However, even an allergy has its uses. One universal allergy is to the tubercle bacillus. Because we are all allergic to it the tuberculin test works.

Briefly, this is the reason. We only have an allergy to substances which our body has already encountered once. Our tissues have found out about them and they don't like them. So when that particular substance comes along again the body tries to get rid of it. That's why certain pollens make some peoples' eyes and noses run. The body is trying to wash them out.

If the body has already encountered the tubercle bacillus it does something the same thing. At the point of contact with tuberculin (made of dead germs) there is a slight swelling. The fact that the germs are dead and can't cause disease doesn't matter. It is that particular **protein** which the body is objecting to, not the fact that it is a germ.

If, on the other hand, the body has never encountered this particular protein nothing happens. It is a stranger to the tissues and they aren't objecting. There is no reaction.

Most allergies are a nuisance, but this is one that is probably going to save thousands of people from dying of tuberculosis—so even allergies have compensations.

TB—AND NOT TB

* * * * *

Perhaps the history of all political persecution is summed up in L. H. Robin's witty quatrain of many years ago: "How a minority, reaching majority, seizing authority, hates a minority!"

—Sidney Harris

PATIENT ACTIVITIES

VARIETY CONCERT

On the evening of December 7th, the affiliate nurses at the San presented a delightful Christmas concert to a full house, in the Recreation Hall. The program included Scripture reading relating to the Nativity, Christmas carols, and, as well, numbers which were light and humorous. A sing-song of carols ended the program.

Miss Judy Coffin was in charge of the nurses taking part. Miss Penny McIntyre was the witty Master of Ceremonies, and, in keeping with the Christmas spirit she wore a red bow tie and poinsettia boutonniere. Pianist was Miss Sylvia Davis.

Naturally, the most welcome guest of the evening was Santa Claus. He arrived just as the concert ended, and distributed gifts to the large number of patients who were present.

Doctor Hiltz thanked the nurses for giving patients and staff a very enjoyable evening. Miss Marguerite MacLeod represented the Rehab Department.

Delicious refreshments were served by the Dietary Department.

* * * * *

MALE CHOIR SINGS

The Newport Male Choir of Hants County presented a Sacred Recital in the Recreation Hall on Sunday evening, December 8th.

The program, consisting of excellently rendered selections by the choir, a solo by choir leader, Reverend Harold Price, and a quartet number, was very well received, particularly by those lovers of choir music.

Dr. Holden thanked the choir, after which all present adjourned to the Coffee Bar for delicious refreshments.

* * * * *

MUSICAL PROGRAM

On December 16th a variety musical program was presented in the Rec Hall by a group of folk singers from Halifax, under the leadership of Mr. Raymond MacLeod. Mr. MacLeod, formerly from Kentville, had with him a talented group of eighteen young people who obviously derive a good deal of pleasure from singing together. The program was mainly a Christmas one but there was a variety, as promised. The entertainers were held up for awhile on their way from Halifax because of icy roads, but their lively tempo soon warmed the players and audience alike. The program seemed all too short, but the group

promised to come back later for a repeat performance.

At the conclusion of the program doughnuts and soft drinks were served to the entertainers by Dr. Holden and Don Brown.

* * * * *

CHILDREN'S CHRISTMAS PARTY

On Saturday, December 16, a Red Cross group from Cornwallis District High School, Canning, visited the Sanatorium to treat the children in the Annex to a Christmas party.

This was held in the Annex playroom, which looked gay and colorful with its shining tree and seasonal decorations. Much of the decorating was done by the children, themselves.

Santa, of course, came along, too, laden with gifts and special treats which he distributed among the children.

Everyone had a jolly time, and for this we would like to say "thank you" to all who contributed to the success of the party.

A special supper was served by the Dietary staff.

* * * * *

REHABILITATION IN TB TREATMENT

Unless TB patients can again become useful and reasonably happy citizens, they may fail to complete treatment or may relapse after treatment — becoming a source of infection to their families and to other members of the community.

Rehabilitation is a vital part of tuberculosis treatment. Its objectives are to help the patient, primarily in these areas:

1. Adjust to the treatment.
2. Solve personal and family problems that may interfere with his successful treatment or normal living after he has left the hospital.
3. If he needs to change his type of work, decide on what work he can do, prepare for it and get a suitable job.
4. Resume his old place among his family and friends.

A rehabilitated TB patient becomes an asset to his community, rather than a liability or a public charge.

Taken from the Missouri San-O-Zark
—Via The Stethoscope

Better never cross your bridges
Till your bridges come in view,
For you're sure to lose your labor
Crashing bridges if you do,
And the bridges or the ridges
You are worrying about,
May be nothing but a cypher
With the rim rubbed out.

Question Box

J. J. Quinlan, M.D.



Q. Can a patient rely on his own feelings and sense of well-being to indicate that he is ready for discharge?

A. When one stops to consider that the great majority of patients with active tuberculosis are without

symptoms at the time of diagnosis, feeling perfectly well, it is obvious that reliance cannot be placed on how the individual feels when considering discharge from hospital. The length of treatment is determined by the original extent of the tuberculous disease as evidenced by X-ray examination and the response of tuberculosis to treatment which is indicated by such factors as progressive improvement on serial X-ray examinations of the chest and conversion of the sputum from positive to negative.

Q. Is it possible to have active tuberculosis and still have a negative sputum?

A. It is assumed that the above question refers to tuberculosis of the lungs, as obviously an individual can have extensive tuberculosis of, for example, the spine, and have a negative sputum. However, even in the case of the lungs, active disease may be present with tubercle bacilli multiplying in the lung with consistently negative sputum.

On several occasions in the past, I have referred to this question of so-called negative sputum. When the laboratory reports a specimen of sputum as negative for tubercle bacilli, it infers only that tubercle bacilli were not found in the specific samples that were submitted for examination. This may mean that tubercle bacilli are not present because the disease is inactive, but in many cases, particularly if there is other evidence of activity such as that provided by X-ray examination of the

chest, it is merely an indication that the organisms were not present in sufficient quantity in that one specimen to be identified or grown on culture medium. In short, a positive sputum in the presence of obvious disease is significant, a negative sputum is not necessarily so.

Q. Why is it so important to take medication at routine times?

A. Again, it is assumed that the question refers to chemotherapy for tuberculosis. The antituberculosis drugs do not kill the tubercle bacilli, but rather prevent their multiplication and allow the body defences to overcome them. The drugs are given at specific times to maintain an effective level in the blood and body tissues constantly. If the patient fails to take his pills regularly, the tough, little tuberculosis germs quite often revive with resultant reactivation or extension of tuberculous disease or, what is even worse, the development of drug resistance.

Q. How do you fumigate bed clothes?

A. Sterilization of bed clothes is best carried out by the usual thorough washing and then autoclaving with high pressure steam.

Q. Is there such a thing as tuberculosis without germs? And did you ever hear of tuberculosis without sputum?

A. Again, it is assumed that the question refers to pulmonary tuberculosis. Tuberculosis is a disease caused by the tubercle bacillus which is a germ, and therefore it is not possible to have tuberculosis unless tubercle bacilli invade the body. However, as mentioned above, extensive tuberculosis and thousands of tubercle bacilli may be present in the lungs, causing active and extensive disease and, yet, sputum may be absent. This is particularly true in children in whom the secretions from the bronchial tubes are frequently swallowed and there tubercle bacilli may be recovered from the stomach washings.

Teresa: "I was talking to a husband-hunter a few minutes ago."

Rose Anita: "A lonesome female?"

Teresa: "No, a detective."

Michael: "I have a splinter in my hand again."

Morgan: "Don't scratch your head so often."

NURSING NEWS

Mrs. Celia Best and Buster are happy to announce the arrival of a son, a brother for Jeffrey.

Mrs. Maxine Pineo, R.N., Head Nurse on Floor I, East Infirmary, is on sick leave and we hope will be back before this goes to print.

The student nursing assistants accompanied by Miss Elizabeth MacPhail, R.N., Nursing Instructor, added to the Christmas Festivities by singing carols on the wards and at the Christmas Tea.

We were pleased to hear from so many former staff members during the Holiday Season:

Miss Edna Harvey, R.N., New Brunswick; Miss Clarita Rubica, R.N., Windsor, Ontario; Mrs. Lydia Morton, R.N., Halifax; Mr. Robert E. MacKenzie, R.N., Medicine Hat, Alberta; Mr. and Mrs. Peter Haba, R.N.'s, Medicine Hat, Alberta; Miss Clara Gray, R.N., Kentville; Mrs. Lenore Spencer, R.N., Texas; "Proc" and Earl Craig, North Bay; Daisy Arthur, Kentville; Miriam Clifford, R.N., Tiverton, Digby County; Mr. and Mrs. Norman Johnston (Heather MacLeod, R.N.), New Glasgow; James Shu, R.N., New York; Shuh Min Poon, Hong Kong; Bertha (Rand) Perry, Halifax. Mrs. Marjorie Elliot, R.N., New Ross, says she is improving in health; Mrs. Irene Spicer, R.N., Spencer's Island, is busy braiding rugs; Mrs. Norma Hounsell, R.N., is enjoying being with her family.

We also heard from Miss Jean Dobson, R.N., who is at Mount St. Vincent on special leave; Mrs. Muriel Kay, a former Housemother, Moncton, and Miss Rita MacKenzie, Sydney, Nursing Office Clerk.

The Valley Branch R.N.A.N.S. held their December meeting in Miller Hall with Mrs. Catherine Boyle, R.N., President.

Mrs. Janice Sullivan, G.N., and Mrs. Joan Fox, R.N., have returned to part time duty.

Mrs. Anne Sheffield, R.N., and Mrs. Betty Jean (Smith) Johnson, R.N., are new staff members.

Miss Phyllis Mayers, C.N.A., was transferred to Public Health Nursing early in December.

Miss Judith Carey, C.N.A., returned to Nursing Staff in January and Miss Lynda Banks completes her course in January and is joining the staff.

Miss Somboon Sunthonlap, R.N., of Thailand joins the staff for Post Graduate studies this year.

Congratulations are extended to Mr. and Mrs. Roy Graves on the arrival of their new baby.

LOURDES SANATORIUM

Lourdes, Nova Scotia

(Historical information obtained by Mr. Ralph Ricketts, Executive Director of the Nova Scotia Tuberculosis Association from the Sisters of Charity).

Our Lady of Lourdes Sanatorium opened in Lourdes, Pictou County on April 26, 1912. However, as early as 1910 the leaders of the Community of Sisters of Charity realized that a hospital for tuberculous patients had become a necessity. Several tuberculous cases, which had been sent to the previous convent in Lourdes, had already benefited a great deal from their care there and at that time it was felt that this was due to the presence of sulphur in the air of this community with its coal mines and its foundry.

The Sanatorium was officially opened on April 26, 1912, and was dedicated to serve as a tuberculosis hospital for sick religious but, in addition, some lay patients were accepted for treatment. The original intention was that only members of the Community of the Sisters of Charity should be cared for at the Sanatorium, but the walls had hardly begun to rise before outside patients were begging for admission. Finally, at the urgent request of Dr. Hector MacKay, the plans for the building were expanded to offer accommodation to some outside patients. During the next few years several sisters of other religious orders, as well as lay women of various religious denominations, received treatment at Lourdes, but by 1925 this had to be discontinued because the death rate had become so low among the religious patients who had first claim on the beds that there was no room left for outside patients.

During the deadly epidemic of influenza in 1918, the Sanatorium staff rendered noble community service to such an extent that Dr. George W. Whitman, from then until the end of his life in 1938, attended Sanatorium patients without charging any fees.

In line with the lowering case rate and the increase in facilities at the Nova Scotia Sanatorium, the Lourdes Sanatorium was closed by Dr. J. J. Stanton, at that time director of the Northumberland Health Unit, some time in 1953.

* * * * *

It takes courage to live—courage and strength and hope and humor. And courage and strength and hope and humour have to be bought and paid for with pain and work and prayers and tears.

—Anonymous

HEALTH RAYS

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No. 1

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EDITORIAL COMMENT

As we write this another Christmas is just past and the beginning of a new year is upon us. It has been a good year for us in the Rehab Department—a busy year and a satisfying one. The young people from the Clare District High School have kept our teachers busy and have fully utilized our handcrafts department. Our Rehab Department has never looked (or sounded) busier! Most of the group went home for the holidays and many will be staying home. We expect that things will be back to near-normal soon.

Things will not be entirely back to normal, however, for we are losing Mr. Clifford Beeler at the end of December. Cliff has been a handcraft instructor with the Rehab for the past seven and one-half years, and we are going to have difficulty in finding a replacement who is half as good. Not only is he an excellent craftsman, but he has been most successful in passing his skill along to others. It has been a pleasure working with you, Cliff.

* * * *

Turning again to the seasonal topic, we have had a good Christmas at the Sanatorium—thanks to the many church groups, service clubs, and other interested groups and individuals. We have been kept busy in helping to distribute gifts and I doubt if any patient was missed.

Elsewhere will be seen the writeups on the entertainment put on for the patients during the pre-Christmas period. In addition to these, we had some fine groups of carol singers just about every evening. Some of the events were as follows:

Saturday, December 16th: Mrs. Ivan Hall brought a group of Kentville Brownies who presented a very attractive group project to the children in the

Annex—a Winter Scene made from materials gathered on field trips. This project was on display in the main lobby of the East Infirmary during the Christmas season.

In the afternoon a musical program was presented by a group of folk singers from Halifax, and this is described elsewhere.

A Red Cross Group from Cornwallis District High School held a party for the children.

In the evening we were treated to some very fine caroling by a local group under the leadership of Dr. and Mrs. Donald Dodds.

Monday, 19th: A Girl Guides group from Wolfville, led by Mrs. Fred Chipman, sang carols in the evening.

Tuesday: The Barbershoppers — some fifty in number—sang on the wards to a very enthusiastic audience of patients and staff. Musically, this was the highlight of our season and we hope for an early return for a full-length program in our Rec Hall.

Wednesday: A C.G.I.T. group from Kentville, under the leadership of Mrs. George Fairclough, visited the children in the Annex and distributed gifts. In the afternoon the Student Nursing Assistants, under the leadership of Miss MacPhail, sang carols on the wards. In the evening the Salvation Army Carol Singers sang on the wards and distributed “sunshine packages”.

Thursday: In the evening Old Santa visited each patient and distributed an appropriate gift—a candy replica of himself. In the evening a Baptist Young People's group from North Alton sang carols, under the leadership of Avon Parker.

(Continued on page 17)

Birthday Cakes are our Specialty

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Wholesale and Retail

(Continued from page 15)

It looks like we are going to be busy for some time just writing thank-you notes. For any of you good people who happen to read this before getting the individual letter, many thanks for helping to make this such a good Christmas at the Sanatorium.

In closing, we would like to wish all of our readers the very best in 1968.

* * * * *

"Well, Sandy, how did you like the discourse on Sunday?"

"Well, sir, the Doctor was fine, and he had as his text Sodom and Gomorrah. I did learn something: they are cities; I always thought they were man and wife."

An angry little man bounced into the postmaster's office. "For some time now," he shouted, "I've been pestered by threatening letters and I want something done about it."

"I'm sure we can help," soothed the postmaster. "That's a federal offense. Have you any idea who is sending you these letters?"

"Certainly," snapped the little fellow. "It's them pesky income tax people."

Scotsman: "How much to press a pair of trousers?"

Assistant: "One shilling."

Scotsman: "Then press one leg for sixpence. I'm having my photograph taken side view."



Shown above is a picture taken by Dr. Quinlan of Austin Amiraull. The occasion was an afternoon tea held in honor of Austin who was retiring after forty-three years on the Sanatorium staff. (See Dr. Hiltz's "Cracker Barrel" in the December issue for further details). Austin is shown with the easy chair and recordings presented to him upon his retirement.

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Have you ever seen a production line in a great auto factory in action? It is a fascinating sight. At first there is no resemblance to a car, just the ugly steel braces and chassis are seen. But parts are added as the line progresses and the vehicle takes shape gradually. Enough to make the car go: the chassis and engine are there, but it takes a while before the gleaming, beautiful, model of the display room is presented. Yet the essentials are there almost from the beginning; the function of the vehicle, to provide transportation, is possible, even at the early stage.

It is possible for almost every vehicle produced to be a little different from the one before or after it, sort of a custom car. And there are cars that are made in the "backyard", too. Some people are very enterprising and have made their own cars, without the sophistication of a factory.

If we think about this car production and think about our souls we can find a parallel. There are some who are satisfied with the bare essentials, who are baptized and who receive the sacraments at rare intervals, who stop along the production line instead of continuing to the end to fulfill the dream of the designer. There are others who add to their souls the refinements of Christianity, who grow in the love of God and of man, much as the car grows as things are added to it.

Other people there are who do it pretty much on their own, without any formal religion or Church affiliation and yet to all appearances have the same refinements, that love of God and of neighbor at the basis of every good life.

The designer of our soul is God and His plan is to be accomplished. He wants us to have intimate union with Him even here, a union to be more intimate in heaven. Yet there are many who refuse to enrich themselves with all He provides. They are like that stripped down basic car in the production line, able to get along, not too well really, and unprotected from the wear and tear of heavy use. God is the artisan who wants to fashion our souls to His image, to enrich our souls with His life giving graces. We can, with little effort on our part, open our souls to these gifts of God. We can become aware of others, of their needs, of their joys and sorrows, of their cares. We can sympathize with others, we can have empathy with others. WE can be concerned. Christ was concerned, so concerned that He lived and died for us. We should share this concern of Jesus. Look around you, think of that patient in the next bed, in the next room. How can you make that person a better person by your talking with her, your visiting with her, your praying for her? What you have received so far along the "production line" is not for yourself only, it is to be used for others, too.

HAPPY NEW YEAR

Wealth enough to support your needs
Health enough to make work a pleasure.
Faith enough to make real the things of God.

Charity enough to see some good in your neighbor.

Grace enough to confess your sins and forsake them.

Patience enough to toil until some good is accomplished.

Love enough to move you to be useful—and helpful to others.

Strength enough to battle with difficulties and overcome them.

Hope enough to remove all anxious fears concerning the future.

—Goethe

"I asked the New Year for some motto sweet; I asked and paused,—

He answered soft and low—"God's will to know."

"Will knowledge then suffice, New Year?" I said,

The answer came, 'Nay, but remember too, God's will to do.'

Once more I asked, 'Is there no more to tell?'

'Yes, this one thing all other things above—God's will to love!'

Yet, taught by time, my heart has learned to glow

For another's good, and melt at other's woe.

—Homer

RENAL TUBERCULOSIS

A. R. Mercer, M.D.

Kidney tuberculosis, as with other forms of tuberculosis, occurs more frequently in Newfoundland than the rest of North America.

This form of tuberculosis is always secondary to disease elsewhere in the body, frequently in the lungs. Usually the patient develops pulmonary tuberculosis and, at a variable time thereafter—even ten to fifteen years later—he may develop a secondary form of the disease in the kidneys, the genitalia, or bones. In the meantime the pulmonary tuberculosis has healed but, because of lowered body resistance, the disease becomes active in the kidneys or bones, spreading from the lungs via the blood stream.

From studies of hundreds of cases it has been proven that the disease, in fact, does involve both kidneys although in practise we can usually demonstrate disease only on one side.

Some of the early signs of kidney tuberculosis are blood in the urine with frequency and burning of urination.

Once a diagnosis has been made, the patient is admitted to the Sanatorium for approximately six months, mainly for drug treatment. There we can be sure that all the drugs are taken and at the proper time each day. With such treatment any early foci of tuberculosis, anywhere in the body, can be cured.

In early cases we can guarantee a cure following one year of drugs, the second half of which can be taken at home. In far advanced cases removal of part, or all, of the kidney is frequently necessary. Should the disease involve both kidneys, drugs and surgery frequently can

result in a cure although treatment is necessarily of longer duration.

Unfortunately, we still see far too many cases in the advanced stage of kidney tuberculosis although, with the overall reduction in tuberculosis, there is a corresponding decrease in the number of new cases of kidney disease.

By prompt visits to the doctor, cases may be diagnosed in the early stages when treatment and cure are accomplished much more readily.

—The Northern Light

Jewel of a Wife

A clergyman noticed a woman named Mrs. Parker, whom he disliked very much, coming up the front steps. Taking refuge in his study, he left his wife to entertain the caller. Half an hour later he emerged from his retreat, listened carefully, and as he heard nothing, he called down to his wife. "Has that horrible old bore gone?" The woman was still in the drawing room, but his wife proved equal to the occasion by replying, "Yes, dear, she went long ago! Mrs. Parker is here now."

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Old Timers

When these notes are read the radiance of Christmas will have dimmed, and many New Year's resolutions will be tottering. But now, we are moving into the glory of Christmas with all the attendant excitement and glitter. And how we welcome those greetings from Old Timers! Anne Marie and some of the rest of us find them in every mail delivery, and we are pleased to share our news with you.

Dorothy MacDonald, formerly of Tata-magouche, but now of Fairview, Alberta, is post mistress for that community. Having known Anne Marie since her 1941 San curing days and that she is an avid stamp collector, Dorothy saves stamps from one year to the next, and sends them in bulk to Anne Marie each Christmas.

Mildred Salter of Hantsport keeps well and is stenographer for Minas Pulp and Power of that town. Mildred cured here in 1949.

Another '49er was Eileen (Preeper) Cook of Dartmouth. Eileen, who was married last year, is well and happy.

Enid Davis of Newport Station is well and is as cheerful as ever. Her curing days were in 1951.

Frances Gates, on the Nursing Staff of the Wolfville Hospital, in a note to Beulah Trask, Switchboard Operator, says that she still recalls all the fun they used to have while curing together.

Cards to your columnist from Cora Briand of Dartmouth — patient in the 'Fifties—and son, John, here a few years back—say that both are in the best of

health, and that John is in his first year of carpentry at Vocational School. It looks as if John is keeping up with his typing (learned here), too, as the address on the envelope was typewritten.

A note on Sigrud Hatlen's greeting card says that she is in the "Barbie Doll Clothes" business, which "really grows" at Christmas, and also that she has a day nursery for pre-schoolers. We agree that there can be few idle moments with a schedule like that. Sigrud, who was here in 1957, was formerly from Yarmouth, but has lived in St. Petersburg, Florida, since her husband's retirement several years ago.

Marilyn MacLeod's greetings come from Halifax. Marilyn, who was both patient and physiotherapist here in the earlier 'Sixties, now uses her skills for the benefit of Camp Hill Hospital patients.

Edward Windrow of New Ross was in for a check-up recently, and did some visiting at the same time. Mr. Windrow spent some time here in 1960, and now enjoys good health.

While Christmas shopping in Kentville one day, your scribe had a delightful chance meeting with Mrs. Marjorie Elliott, former Medical Section Nurse. It was good to see Mrs. Elliott up and about after her prolonged and serious illness.

Some weeks ago we read an account of Mima Hale's marriage to Mr. Wilfred Keith Mahaney. Mima left the Sanatorium last year, and we hope she will have many years of happiness.

THIS HALF PAGE WITH THE
COMPLIMENTS OF

Don Chase, Ltd.

THE EDITOR'S LAMENT

They find fault with the editor
And say he should be shot,
That columns are as peppy
As a cemetery lot.
They say he shows poor judgement;
The jokes, they say, are stale
On upper floors they holler;
On lower floors they wail.
But when the magazine is issued,
(We say it with a smile)
If someone doesn't get one,
You can hear him yell a mile.

—The Stethoscope

A young man walked into a pawnshop, pawned a valuable camera and then proceeded to select and buy a wedding ring from a nearby counter. The following day he returned with the bride, pawned the wedding ring, redeemed the camera, stepped outside and photographed his bride in all her wedding finery.

Two hours later the couple returned, pawned the camera and the wedding dress, selected two pieces of luggage . . . and left on their honeymoon.

First lawyer: "You are a low down cheat."

Second lawyer: "You are an unmitigated liar."

Judge (rapping): "Now that the attorneys have identified each other we shall proceed with the case."

"The door that leads
to a mother's heart
Is always open wide,
And in her heart is a special place
Where peace and love abide,
There is no lock on a mother's heart.
Her children freely go
For a pat on the cheek
or a comforting word,
Or something they want to know,
Through years of work and prayer,
she's learned
Her wise and tender art,
For the nearest thing
to the love of God
Is the love of a mother's heart."
—Author Unknown
Submitted by Linda Barkhouse

JUST ONE DAY?

It isn't New Year's once each year;
It's New Year's every morn—
New chance, new hope, new victories,
New strength to fight is born.

Like seasons of the year it goes;
One blends into the other.
Each year a product of the last—
As children of a mother.

One year cannot be dull or sad,
Another bright and gay.
A year, divided into parts,
Is but another day.

Your chance to work, or love, or play,
To fight and hope to win it—
Is not next year and then some more—
Your chances are this minute!

—Susan Bond

Important News in Men's and Boys' Wear

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Just Jesting

Linda: "I went to the dentist yesterday."

Florence: "Does the tooth still ache?"

Linda: "I don't know; he kept it."

Nellie: "I see in the paper that a widower with nine children has married a widow with seven children."

Mary: "That was no marriage. That was a merger."

Dr. Crosson: "Do you become a little hoarse at times?"

Calvin: "No, doctor, but I have made a 'jackass' of myself at times."

Betty V.: "Deep breathing will kill Microbes."

Linda: "How can I force them to breathe deeply?"

Norva: "Could one T. B. bug cause tuberculosis?"

Edith: "It would depend on his opportunity to get married and raise a family."

"Go to Father," she said, when I asked her to wed,

For she knew that I knew her father was dead,

And she knew that I knew of the life he had led,

So she knew that I knew what she meant when she said,

"Go to Father."

"Where are you going, my pretty maid?"

"I'm going to sneeze, kind sir," she said.

"Tell me what at, my pretty maid."

"Atchoo! Atchoo!" was all she said.

Why does my heart feel strangely full,

Why do sharp pains attack my inner;

Oh, can it be that I'm in love,

Or have I had too much for dinner?

Joseph: "How does the clock go that you won at the fair?"

Wilbert: "Fine; it does an hour in fifty minutes."

Ivan: "So you had dinner with your new girl last night. What's she like?"

Julian: "Everything on the menu."

Steve: "Imagine a touch of green and a touch of blue, a sprinkling of orange, an air of grandeur over it all—aw, it's wonderful."

Pat: "A beautiful sunset."

Steve: "No, a fruit salad."

Somehow, I never feel like good things b'long to me till I pass'em on to somebody else.

—Mrs. Wiggs in "Lovey Mary".

The pleasure of a man's life is the well-spending of it, and not the length.

—Plutarch

The secret of life is not to do what one likes, but to try to like that which one has to do; and one does like it—in time.

—Dinah Mulock Craik

Usher (to cold, dignified lady): "Are you a friend of the groom?"

The Lady: "Indeed, no! I am the bride's mother."

Little Jimmy was envious of his little friend's new puppy.

"Gosh," he said gloomily, "I've wanted a dog for a long, long time, but my mother won't let me have one."

"You probably don't use the right strategy," said his little friend sagely.

"Strategy?" said Jimmy, "What's that?"

"Well," was the reply, "you don't ask her for a dog. You ask her for a baby brother . . . then she'll be glad to settle for a dog."

"I'm not impressed," announced the old hunter, "with any of these stories about people hittin' game from a triflin' 300 or 400 yards. Why, one day I was a-walkin' along the trail when these old telescope eyes spotted a nice buck. I rammed a charge down the gun barrel, then some wadding and a couple of ounces of salt on top of that. Then, I let 'er fly. Bang! And that old buck dropped."

"That's very interesting," an old crony remarked, "but why did you put salt in your gun?"

"Shucks, bud, that deer was so far off I had to do something to keep the meat from spoilin' before I could get there."

Aphonse: "Were you ever in a railroad accident?"

Julien: "Yes, once I was riding in a train going through a tunnel and I kissed the father instead of the daughter."

Sambo: "Did Brudder Brown give de bride away?"

Rastus: "No, sah, he gwine let de groom fin' out for hisself."

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AFTER DISCHARGE

Discharge is a day long-awaited by most patients. When it finally arrives it is accepted with extremely variable responses. Whatever the response of the moment, however, questions that are uppermost in the patient's mind are: "Am I going to remain well?" and "What must I do to remain well?"

Tuberculosis is a chronic, relapsing disease and it is also an illness where the patient decides much of his own future: This by following or rejecting medical advice. To keep well is not difficult. It requires only a few simple rules. It must be accepted that routine visits to a physician will be necessary for a relatively prolonged period and that these visits will include X-rays, sputum examinations and other studies if it is felt necessary. At these times activity will be decided and these should be discussed openly with your physician. It is generally accepted practice that chemotherapy should extend for probably two years from date of beginning, and that this is imperative to avoid difficulties. Drugs are not killing to the bacilli themselves, but rather allow the body mechanism to effectively control the disease.

Perhaps an easy guide to follow-up care is the simple expression, "live sensibly." This is something that we are able to tell others but that we as individuals so rarely wish to do. Yet, whenever a perplexing question crosses our mind as to what activity we should perform, the simple answer to the question, "Is this sensible living?" will allow us to make the decision. This is not easy, as many factors often rear", and try to prevent us from being honest with ourselves. Following those basic principles, the after-hospital treatment of tuberculosis is not difficult and, indeed, the majority will avoid future difficulties.

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'TIS THE SEASON TO BE RESOLVING

Christmas is the season which moves most of us to generosity but the New Year is the festival that rouses expectation and reflection. Experience has taught most of us that the calendar may change but that the coming year is likely to be much the same as others, barring such major upheavals as a war breaking out, a tornado or flood hitting the area where we live, or the failure of a company in which we have invested all our money. Life is likely to go on pretty much as usual—unless we change a bit, that is.

Though people don't come out and say this flatly they do know it. That is why they make New Year resolutions. They are going to stop something they know they shouldn't do or start doing something they know they should be doing, which means changing their ways. They are going to give up smoking or clear the top of their desks every night before leaving the office, or refrain from embellishing titbits of news coming their way. If feeling sufficiently rash the idea of not repeating gossip at all may seem to have merit. Thousands will resolve to go on a diet (with the New Year's Day dinner ahead of them). Or there may be a reflection that one has been letting the poor old brain have altogether too much rest, so what about one of these courses to get one reading more speedily and efficiently or perhaps reading the paper daily in French and looking up any words one does not know?

There are resolutions about saving so much money out of every pay cheque. This particular resolve has an even higher casualty rate than the one about dieting. The peace-and-good-will season may have recalled to those who were Girl Guides or Boy Scouts that once upon a time long ago they undertook to do a kind act every day. Maybe they should take the idea out, brush off the cobwebs and make it functional again.

Resolutions about getting more order and efficiency into life get quite a play—getting to the office on time, keeping a diary, getting Christmas shopping done early and parcels mailed before the rush. How simple it all seems on December 31st.

One job that would be too much for the computers would be to figure out what fraction of one per cent of these resolutions are still in force on Valentine's Day.

But people have fun planning to do themselves over, as if they were the living room or the kitchen, but not so expensive. So no doubt the resolutions will continue.

—TB . . . and not TB.

I NEEDED THE QUIET

I needed the quiet, so He took me aside,
Into the shadows where we could confide;
Away from the bustle, where all the day
long

I hurried and worried, when active and
strong.

I needed the quiet, though at first I re-
belled,

But gently, so gently, my cross He up-
held,

And whispered so sweetly of spiritual
things,

Though weakened in body, my spirit
took wings,

To heights never dreamed of when active
and gay.

He loved me so greatly, He drew me away.
I needed the quiet, no prison my bed —
But a beautiful valley of blessing instead,
A place to grow richer, in Jesus to hide,
I needed the quiet, so He drew me aside.
"Be still and know that I am God".

(Psalm 46:10)

Submitted by Florence Wood

—The Stethoscope

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His little, nameless unremembered acts
Of kindness and of love.

—William Wordsworth

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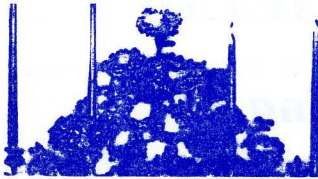
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