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DALHOUSIE

NOVA SCOTIA SANATORIUM 25 1967  
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### **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. Glen Kauffeldt

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

Authorized as Second Class Mail, Post Office Department, Ottawa  
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Vol. 48

OCTOBER, 1967

No. 9

## AN AUTUMN SONG

There is something in the Autumn that is  
native to my blood,  
Touch of manner, hint of mood;  
And my heart is like a rhyme,  
With the yellow and the purple and crim-  
son keeping time.

The scarlet of the maples can shake me  
like a cry  
Of bugles going by;  
And my lonely spirit thrills  
To see the frosty asters like smoke upon  
the hills.

There is something in October sets the  
gypsy blood astir  
We must follow her,  
When from every hill aflame,  
She calls and calls each vagabond by  
name.

—Bliss Carman

# Cigarette Smoking – The Facts

Would you buy a product advertised as certain to . . .

Leave a bad taste in your mouth?

Smell up your clothes?

Make your breath foul?

Give you that sluggish feeling?

Discolor your fingers and teeth?

Damage your health?

Buy it? Of course not!

But what if the ads didn't tell you those things? What if they let you think the product would make you happy . . . healthy . . . popular . . . and vigorous?

Would you buy and smoke it . . . or throw it away?

Read the facts . . .

The product, of course, is cigarettes. And the fact is that nearly 6,000,000 Canadians smoke them. In 1964 they bought and smoked more than 40 billion cigarettes. At a cost of at least \$600,000,000.

Many smokers pay a heavier price: their lives.

Smoking cigarettes is a cause of two killer diseases: chronic bronchitis and cancer (of the lung and larynx). Cigarette smokers are also more likely than non-smokers to die of coronary heart disease (Canada's number one killer) or of emphysema or other respiratory diseases. Cigarette smoking is also linked with cancer of the esophagus and, in men, cancer of the bladder.

Smoke it . . . or throw it away?

*What happens when you smoke a cigarette?*

Every time you inhale cigarette smoke you let in a complex mixture of smoke particles and gases. They go down deep and settle on the surfaces of your respiratory tract. There, some parts of the smoke cause trouble.

The normal human respiratory system has a wonderful way of keeping clean. Efficient little brooms (cilia) remove dirt by beating rapidly in rhythm and forcing the dirt out.

But cigarette smoke seems to slow down, or even stop, the work of the cilia. Smoking interferes with normal cleansing, allowing harmful substances to stay in the respiratory tract and do their damage.

Smoke it . . . or throw it away?

*What respiratory diseases are linked with cigarette smoking?*

Do you wake up in the morning hacking and spitting? Or do you fight for breath when breathing used to be easy?

These two complaints (chronic cough and shortness of breath) bother many cigarette smokers. Both may be fore-

runners or symptoms of serious respiratory diseases.

Frequent coughing plus spitting up heavy mucus may mean chronic bronchitis. This is an inflammation of the bronchial tubes that slows down the flow of air to and from the lungs.

What causes chronic bronchitis? Cigarette smoking heads the list.

According to the Advisory Committee on Smoking and Health of the Surgeon General, U. S. Public Health Service, "Cigarette smoking is the most important of the causes of chronic bronchitis in the United States, and increases the risk of dying from chronic bronchitis."

Cigarette smoking (many people now know) is also a major cause of lung cancer. This is a respiratory disease that strikes many more cigarette smokers than people who do not smoke.

Another respiratory disease that hits mostly cigarette smokers is emphysema. More and more Canadians are being crippled or killed by this disease. In emphysema, the lungs lose their elasticity and hold in too much air. Victims endure a daily struggle to keep their lungs working. Each breath requires a major effort.

What causes emphysema? No one knows.

But careful studies show that emphysema rates are much higher among cigarette smokers than among non-smokers, and that the risk of dying from pulmonary emphysema is also greater among the cigarette smokers.

Smoke it . . . or throw it away?

*Cigarette smoking and death*

Cigarette smoking shortens life. The more cigarettes a person smokes, the more likely he is to die early. The earlier in life a person starts smoking, the more likely he is to die early. And the more a person inhales, the more likely he is to die early.

But . . . a person who has stopped smoking is much safer than a person who continues to smoke cigarettes.

Smoke it . . . or throw it away?

*Why do people go on smoking?*

Cigarette smoking is a fairly recent practice. Cigarettes have been popular only since World War I. Soldiers liked them because they were easy to ship and carry.

At first, almost no one suspected that cigarette smoking might be anything but a harmless diversion. Years of smoking



had to accumulate before the damage began to show. The first scientific evidence of a link between cigarette smoking and disease did not come until the nineteen thirties.

This means that most adults who smoke today began smoking long before the facts were known. By the time the truth began to trickle out, cigarette smoking was a habit that enslaved millions of people.

Cigarette smokers are hooked—emotionally and physically. Many no longer enjoy smoking. They hate the aftertaste, the messiness, the smell on their clothes and breath. They are also afraid.

Most cigarette smokers wish—sometimes desperately—that they had never started. Some of them can stop without too much effort, but for others it is hard. But thousands who have not

stopped have learned that some things are harder. To have every breath an effort is harder. To be too short of breath to walk at a normal pace is harder. To have to stop half way up a short flight of steps gasping for breath is harder. Smoke it . . . or throw it away?

*What can be done about cigarette smoking?*

Many people do quit smoking—even when it isn't easy for them. They want to do everything they can to live fully the long life that modern medical science has made possible. Their way—cutting cigarettes out completely—is the one sure way of dealing with this habit.

If you don't smoke, **DON'T START.**

If you smoke, **STOP.**

Smoke it . . . or throw it away?

—National Tuberculosis Association  
via The Valley Echo, Saskatoon.

## Why We Smoke

Early warnings of damage from cigarette smoking are so subtle as to be almost entirely missed or ignored by persons involved. . . . They put up with a chronic cough, and a drizzly nose and throat, and a gravel voice and a bird cage mouth. The gradual increase in cough and spitting, the slow decline in wind and a little bit duller feeling in the head from day to day are met with genial equanimity until the growing cancer, failing heart, and destruction of lung tissue are all too solid an established fact. . . . "I'll smoke until I get into trouble and then I'll quit, and be okay." This is truly a fool's solution since the worst harm from smoking gives no alarm until it is far too late to make a recovery—this is the secret of the danger. . . . The smoker who waits for an unmistakable warning has, for the most part, waited too long. . . .

And why is extra pressure put on you to start smoking by advertising? To put it in the cruelest possible way, each of you, like a slave on the block many years ago, is worth up to a cool \$8,000—the amount that the privilege of smoking will cost you in a lifetime, provided you live to a reasonable age. You are worth that if you get started—hooked solid between now and the time you are 20—and to do this the advertising bends every effort.

Tobacco today brings in about \$8 billion a year and you are expected to pay your dues to the smokers' club which, interestingly and significantly, runs to about

the same amount as does the national bill for all doctors' services. To get you contributing in good style, the best in U.S. advertising skills are concentrated on you; and to succeed they use an interesting theme.

The gimmick? You guessed it. Smoking makes you manly, not old-manly: fliers, cowboys, hunters, professional athletes, young executives, great lovers, and even beautiful girls. But you seldom, if ever, see a brand advertised by showing grandma or grandpa lighting up, because the emphasis is on you, not grandpa or even dad. They are hooked now (or never will start). The bait is for you.

May I remind you again that the quota in young people — in you — is 4,500 of you fresh, new "fish" each day, even though the packages now must show that "smoking may be dangerous to health", in clear print. This little sign doesn't say how, or when or how much—and it never will—and I might add that by law no further truth can be added until 1972; this sign can't be changed until then.

The worst part of it all is that you not only pay for the cigarettes, to be mature and glamorous, but you also pay for entrapping advertising. Socrates had nothing on you when he had to pay for his poison. Indeed, you pay the whole thing if you let them make a sucker of you and the final statement on your bill reads: "Debit: your health and perhaps your life."

—May-June, 1967 Edition of Ca.

Smoking is just what you need to cure you, provided of course, you happen to be a slab of bacon.

Welfare News

"Cigarette smoking is a health hazard."  
If you don't smoke, **DON'T START.**  
If you smoke, **STOP.**

# The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



It is good to be back in Canada again after a very fine vacation overseas. A few years ago I probably thought that I would never say so, but it also seemed wonderful to see the old Maple Leaf Flag flying against the blue sky. We have now had this emblem of our nationhood for a few years so it is becoming the "old" flag—

slowly. And our Armed Services have sailed, marched and flown under its symbolism for a few years so it is coming to mean a great deal to more and more Canadians all the time.

When talking to strangers overseas they sometimes remarked, "You are not English or Scottish, I know by your accent and by the words you use. Are you an American or are you Canadian?" Of course, I replied that I am a Canadian and that I speak the Canadian language which is just a bit different from the British or the American. One of my uncles speaks with a strong Lunenburg accent, my wife has a little Pictou County lilt, my father-in-law spoke the Gaelic, our secretary, Anne Marie (Belliveau) has a slight Acadian accent, Dr. Kloss has a West German accent, Dr. Rostocka a little Polish accent, but we are all Canadians and therefore we speak the Canadian language as do our friends of various racial extraction all across Canada. Only our native Indians are not immigrants or descendants of immigrants.

It is time that we stopped dividing Canadians into English-speaking and French-speaking groups. We are Canadian-speaking and French Canadian-speaking. In fact, our French-Canadian speaking Canadians do not speak the French of Paris. It is time that more of our Canadian-speaking people learned to read and converse in French and enjoy the French-Canadian culture and it is also time that more of our French-Canadian speaking Canadians learned to speak Canadian in order also to enjoy the traditions and the culture of the Italian, Greek, English, Welsh, Irish, Scottish, Polish, German, Dutch, Danish, etc., etc., etc., components of our Canadian-speaking ethnic groups.

I am very proud to be a Canadian and I am also proud to speak Canadian. I wish that I had better comprehension of the French-Canadian language. To have been born a Canadian was a stroke of good fortune. I did not plan it in advance. To

speaking Canadian came easily. What else could one learn in one's early school and home environment! To learn to read and speak French-Canadian takes some personal effort. This is being expended by many Canadian-speaking persons. How about you? The rest was looked after for us but this we must do for ourselves.

\* \* \* \* \*

Our congratulations are extended to Miss Skerry and Miss Wilson, charge nurses on the second and third floors of the East Infirmery. They have just completed successfully a one year Extension Course in Nursing Unit Administration sponsored by the Canadian Registered Nurses Association and the Canadian Hospital Association. This represented a great effort on their part as the study and the writing were all done in off duty hours, but this is their contribution to better patient care at the Nova Scotia Sanatorium.

\* \* \* \* \*

Our very best wishes are extended also to Mrs. Mae Margeson, Senior Laboratory Technologist, who retired on July 31 after almost eighteen years at the Sanatorium. She will be missed greatly by her many friends here. Her mantle falls upon Miss Helen Morse who has been her senior assistant for many years and will be carrying on the great "Margeson tradition".

\* \* \* \* \*

## HARVEST HOME

By Arthur Guiterman

The maples flare among the spruces,  
The bursting foxglove spills its juices,  
The gentians lift their sapphire fringes  
On roadways rich with golden tinges,  
The waddling woodchucks fill their ham-  
pers,  
The deer mouse runs, the chipmunk  
scampers,  
The squirrels scurry, never stopping,  
For all they hear is apples dropping  
And walnuts plumping fast and faster;  
The bee weighs down the purple aster—  
Yes, give your honey, little hummer,  
The woods are waving, "farewell Sum-  
mer."

\* \* \* \* \*

## OCTOBER

"O suns and skies and clouds of June,  
And flowers of June together,  
Ye cannot rival for one hour  
October's bright blue weather."

—Sanatorium Outlook

# The American Heart Association Highlights Heart Risks Of Smoking

March 1st marked the launching of "Operation Smoking Alert", phase two of the American Heart Association's campaign calling attention to the risk factors conducive to heart attack.

Throughout 1966, Heart Associations emphasized all of the five leading risk factors: cigarette smoking, cholesterol, overweight, high blood pressure, and lack of regular exercise. Beginning with the smoking emphasis campaign this year, each of the factors will be given special treatment, one per year.

This year, the AHA is concentrating its heavy educational artillery on the menace of cigarettes to health, with particular emphasis on the cardiovascular effects.

While the influence of cigarette smoking on lung cancer has made a tremendous impact on the public, it must not be forgotten that there is an extensive connection between smoking and heart disease.

One dramatic statistic underscores this point: it is estimated that each year at least 60,000 American men die prematurely of coronary heart disease that has been accelerated by smoking. That is about equal to the number of deaths from a combination of lung cancer plus all other diseases which are related to cigarette smoking.

Other findings of a recent large-scale medical survey are equally pointed, adding up to a grim warning to smokers of all ages, male and female:

- Men smoking as few as 1-9 cigarettes a day had death rates substantially higher than those for men who had never smoked regularly, the study showed.

- Death rates were higher among those who started smoking young, highest among those who started before age 15.

- Women have no special protection against the effects of tobacco. The over-all death rate for women smokers aged 45-64 was considerably higher than for non-smoking women.

\* \* \* \*

## TIME

An inscription found on a sun dial:  
 "Time is too slow for those who wait  
 Too swift for those who fear  
 Too long for those who grieve  
 Too short for those who rejoice  
 But for those who love, Time is eternity."

- The death rate of men who smoked cigarettes was more than twice that of men who had never smoked regularly. But—and from this fact every smoker can take heart—men who had stopped smoking ten years before enrollment in the study had the same average death rate as men who had never smoked.

- And, something new turned up: for the first time, suggestive evidence linking cigarette smoking and strokes was shown. The stroke death rate was 40 per cent higher in men aged 55-64 who smoked cigarettes, as compared with non-smokers. In this same disease category, incidentally, the risk proved unexpectedly greatest for women. Female smokers in all age groups had up to twice the stroke death rate of non-smoking women.

The American Heart Association, with other member organizations of the Interagency Council on Smoking and Health, is pointing to the known fact that the damaging effects of smoking can be arrested and reversed, in its campaign to convince smokers to quit while they're still ahead.

Teenagers are a special target of the campaign, logically, as they represent the greatest hope of salvage and the greatest focus of concern among parents, and medical authorities. Teenage smokers also have a key advantage over their elders, doctors agree, since it is easier for them to kick the habit, before it becomes too stubbornly fixed, than it is for veteran smokers to break the pattern of an adult lifetime.

Yet, it is the veterans—the parents—who must help to turn the tables in the interests of their children's health, the Heart Association points out. For the surveys reveal a significant relationship in the teenage smoking picture: youngsters whose parents smoke are more apt to smoke than the children in non-smoking families.

—Health—June, 1967

\* \* \* \*

There's a new message on every pack of cigarettes as required by law . . . it reads: Caution: Cigarette smoking may be hazardous to your health . . . nuff said! This message is presented on behalf of your local tuberculosis and health association . . . they treasure your life . . . and bring you the facts!

Kan-San

# TOBACCO

## Not Much Better Than Rat Poison

James I of England was dead set against smoking.

In 1604, in a little book entitled *Counterblast to Tobacco*, he declared that smoking was barbaric and unhealthy, that smokers were a threat to society and that those who spent money on tobacco were supporting the Spanish enemy. Tobacco smoking, he summed up, is "a custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black stinking fumes thereof nearest resembling the horrible stygian smoke of the pit that is bottomless."

Now centuries later we seem to have come full circle in condemning smoking as a bad, unhealthy habit—although doctors and health educators are somewhat less colorful in their warnings. Smoking, we are told, leaves a bad taste in the mouth, smells up our clothes, makes our breath foul, gives us a sluggish feeling, and discolors fingers and teeth.

Even more important, smoking does damage one's health. Medical scientists claim that it is a cause of at least two killer diseases: Chronic bronchitis and cancer of the lung and larynx.

Cigarette smoking is also linked with coronary heart disease, with emphysema and other respiratory diseases, and with cancer of the esophagus (and of the bladder in men).

Nevertheless, just as seventeenth century Britons lightheartedly ignored doomsday warnings that tobacco is "not much better than rat poison", so millions of people today continue to light up and pleasurably puff away. In 1962, it was estimated that Canadians smoked some 40 billion cigarettes—giving the government a tax revenue (from cigarettes and tobacco) of well over \$383 million. Cigarette smoking, it seems, is a mainstay of our economy. We are hooked.

How then can one encourage people to give up smoking? Apparently it is not enough just to tell them that cigarette smokers have a higher total death rate than non-smokers; that smoking interferes with the normal body cleansing system, allowing harmful substances to remain in the respiratory tract. . . .

So tuberculosis associations are trying a different tactic: Satire.

Recall, for example, the fateful day in 1492 when Christopher Columbus—by the Grace of God, adventurer—accidentally bumped into America. Columbus was in

search of gold when he set foot on San Salvador, but as it turned out, he and his men discovered something which was to have a much more profound effect on the world.

"These two Christians met many people on the road," it was later written. "Men always with fire-brands in their hands, and certain herbs to take their smokes, which are some dry herbs put in a certain leaf . . . after the fashion of a musket. These are lit at one end, and at the other they chew or suck and take in with their breath the smoke. The Indians seemed to be inhaling the smoke with great enjoyment. They insisted that as long as they smoked, they did not get tired."

A new film substitutes Martians for Columbus and his crew, and the Indians become the inhabitants of Earth. Like Columbus and his men the people of Mars are utterly astonished and alarmed to see these peculiar people of Earth walking around with firesticks in their hands, issuing great clouds of smoke from their mouths and nostrils. And wonder of all wonders, they also carry around containers of some liquid, apparently to put out the fire that consumes them.

The color film, 20 minutes in length, will soon be available to the people of Manitoba through the Christmas-Seal financed health education services of the Sanatorium Board of Manitoba. It is particularly recommended for teenagers.

—SBM News Bulletin

### TOBACCO

—adapted by F. MacInnis

(Atlantic) from G. L. Hemminger

Tobacco is a dirty weed,

He (my boss) likes it,

It satisfies no normal need,

He likes it.

It makes him thin, it makes him lean,  
It takes the hair right off his bean,  
It's the worst darn stuff I've ever seen.  
I hate it!

—The Lighthouse

\* \* \* \* \*

### Hallowe'en

### CUS

(Black Cats Moon)

## Cigarette Smoking Is Troubles With Tobacco Serious Health Hazard

- The more cigarettes smoked per day the greater the risk;
- The younger one starts smoking the greater the risk;
- The longer one continues to smoke the greater the risk;
- The more one inhales the smoke the greater the risk;
- The risk decreases progressively when the habit is discontinued.

The death rate is more substantially increased among male than female cigarette smokers, apparently because men tend to smoke more cigarettes per day, inhale more and start smoking earlier in life than women.

The increased death rate is found among cigarette smokers as young as the 35 to 44 year age group.

The greatest risk of cigarette smoking is death from diseases of the heart and circulatory system.

Lung cancer is second as a risk of cigarette smoking.

The death rates from chronic bronchitis and emphysema are also very much higher among cigarette smokers than non-smokers.

Cigarette smokers have an increased risk of dying from cancers of the mouth and larynx and, among men, from cancer of the bladder.

Diseases associated with cigarette smoking, particularly heart disease and chronic bronchitis and emphysema, are major causes of disability and hospitalization as well as death.

Women who smoke during pregnancy are more likely to give birth to premature babies.

Damage to the lining of the bronchial tubes is much more common among cigarette smokers than non-smokers, even when there is no obvious disease. Some of these changes are considered to be precancerous.

Lung function is generally reduced among cigarette smokers.

Cigarette smoking is a greater hazard than other factors such as community air pollution in the causation of lung cancer and chronic bronchitis.

—Smoking and Health Program,  
Department of National Health  
and Welfare.

\* \* \* \* \*

Delight thyself also in the Lord; and He shall give thee the desires of thine heart.

—Psalms 37:4

WALTER C. ALVAREZ, M.D.

Emeritus Consultant in Medicine,  
Mayo Clinic, and Emeritus Professor  
of Medicine, Mayo Foundation

I wish all my readers could read the physician's Medical Bulletin on Tobacco. As Dr. Charles A. Ross of the great Roswell Park Cancer Institute in Buffalo says, "*Cigarette smoking is, without question, the greatest single public health problem this nation has ever faced.* Hundreds of millions of dollars are spent annually to promote this health hazard."

As Dr. E. Cuyler Hammond, the great medical statistician, now concludes, "On the basis of death rates, from all causes per 100,000 (for men aged 45 to 64), cigarette smokers accounted for a rate of 1,329 and non-smokers, 708. For lung cancer the rate was 87 for cigarette smokers and 11 for non-smokers. For emphysema, it was 24 as compared with 4; and for heart disease the figures were 615 and 304."

What is being done about this? Practically nothing. The last figures I just saw show that the number of cigarettes smoked is going up. Experts tell us that thousands of school children are taking up smoking. As might be expected, the greatest drop in smoking cigarettes has been recorded among physicians. One poll said 1 in 4 has quit. In another 6 in 10 of those who answered the doctors said they had changed to a pipe or cigars.

Without inhaling there is almost no lung cancer. Possibly before long we will have cigarettes made out of some other leaf—not tobacco—one which does not contain a tar which can produce cancer. Nicotine could be added to help those persons who are addicted to that drug. The big thing is to get rid of the tar. Because of this need more and more people are using filters.

—Halifax Chronicle-Herald

\* \* \* \* \*

### THE ABLE SAILOR

Small skill is gained by those who cling  
to ease;

The able sailor hails from stormy seas.

—Anonymous

\* \* \* \* \*

### A CHEERFUL SONG

When the burdens are heavy and the way  
seems long,

There is nothing so helpful as a cheerful  
song.

—S. E. Cowdrey

## TEN LITTLE SMOKERS

Ten Little Smokers,  
 "Cigarettes taste fine,"  
 One puffed incessantly,  
 And then there were nine.

Nine Little Smokers,  
 Kept on tempting fate,  
 One developed heart disease,  
 And then there were eight.

Eight Little Smokers,  
 Deadline was eleven;  
 Lung cancer took one of them,  
 And then there were seven.

Seven Little Smokers,  
 Talking just for kicks,  
 One had a "smoker's cough,"  
 And then there were six.

Six Little Smokers,  
 Still full of pep and drive,  
 Emphysema slowed one down,  
 And then there were five.

Five Little Smokers,  
 With orders by the score,  
 One was hit by ulcers,  
 And then there were four.

Four Little Smokers,  
 And time was all too free,  
 TB sidelined one  
 And then there were three.

Three Little Smokers,  
 With bedtime overdue,  
 One caused a fire,  
 And then there were two.

Two Little Smokers,  
 Trying fags for fun,  
 A future cancer victim,  
 And then there was one.

But One smart ex-smoker  
 Is still alert and brisk,  
 For he knows that figures show  
 That quitting cuts the risk!

—Imagination, Inc.

\* \* \* \* \*

The old engineer pulled his favorite engine up to the water tank and briefed the new fireman, who got up on the tender and brought the spout down all right. Somehow, though, his foot caught in the chain and he stepped right into the tank.

As he floundered around in the water the engineer watched him with a jaundiced eye. "Just fill the tank with water, sonny," he drawled. "No need to stamp the stuff down."

## PHYSICIANS AHEAD IN SMOKING

## DECLINE

A substantial decline in cigarette smoking has been noted in a study of the smoking habits of both men and women. This holds true for a nation-wide drop of cigarette smoking as recorded by epidemiologist Lawrence Garfinkel. In the past five years, the number of men who smoke cigarettes has dropped by about 21.8 per cent; the average for women is less: 12.4 per cent. These drops occurred despite the fact that young men and women, in late or even early teens and early twenties, are taking up smoking in increasing numbers.

However, the greatest over-all drop in smoking was recorded among physicians. 25.6 per cent. Within this particular group, the light smokers—½-1 pack a day—showed the greatest decline: 53 per cent. The number of heavy-smoking physicians—2 or more packs a day—was reduced by 18 per cent.

The Garfinkel data and their results compare with a survey just completed by the San Francisco Interagency Committee on Smoking and Health. The response in that area showed that of the physicians questioned—1,179 out of 1,840 or 64 per cent of those who answered—had given up smoking cigarettes.

—Medical Bulletin on Tobacco,  
 via San-O-Zark.

## SOME CAN BREAK THE HABIT

Benjamin H. High, of Lancaster, Pennsylvania, gave up smoking twenty years ago. Instead he saved the money he didn't spend on the habit, dropping quarters into a box built into the wall of his home.

Ten years ago he turned in a total of 7,285 quarters, and just recently, carried 10,130 quarters to the bank in a wheelbarrow. His decade's savings totalled \$2,532.50.

Mr. High and his wife are now using the unspent cigarette money of the last ten years to finance a ten-month trip around the world.

The above article appeared in the May 1966 volume of the publication, "Smoke Signals." The same publication indicated that there are now about 8,000,000 ex-smokers in the United States—which goes to prove that it might be easier than you think!

Via San-O-Zark,  
 The Link.

## Question Box

J. J. Quinlan, M.D.



Q. What causes wheezing?

A. The characteristic abnormal sound produced during respiration which we refer to as wheezing is due to narrowing of the bronchial tubes. This diminution in the diameter of the bronchi may be due to a condition causing

pressure on the bronchus from without, such as enlarged tuberculous glands or malignant tumours, but more commonly it is due to disease within the bronchial tubes themselves. Bronchitis which is inflammation of the lining of the bronchial tube will cause swelling and consequently narrowing. This narrowing is further accentuated by the presence of abnormal thick secretion, usually found in bronchitic conditions. Bronchial asthma will produce the same effect because of the spasm of the muscles of the bronchi common in that disease. Wheezing, particularly in children, may also be due to the presence of an inhaled foreign body.

Wheezing is quite common in pulmonary tuberculosis. In this disease, it can be caused by pressure of enlarged tuberculous glands as seen in the primary infection; it may be due to the presence of thick viscid secretion in the bronchi, or it may be due to actual tuberculous involvement of the bronchus itself.

Wheezing is more pronounced in the expiratory phase of respiration. On expiration, the bronchus is normally narrower and when some of the above-noted conditions are present this narrowing may become so marked as to cause complete bronchial obstruction when the patient breathes out.

- Q. Is it possible for a person to be a carrier although he is free of tuberculosis—in the same way that a carrier of typhoid fever may infect other people?
- A. An individual who is free of tuberculosis is not capable of giving the disease to susceptible contacts. In other words, there is no such condition as

a "carrier state" in tuberculosis. The person developing tuberculosis for the first time has received the infection from an individual who has active tuberculosis.

Q. Are too many bronchoscopic examinations harmful?

A. A skillfully performed bronchoscopic examination when done under topical anesthesia with the patient awake and co-operative has no ill effects. The examination can be carried out as frequently as necessary for an indefinite period without causing any harm to the individual.

Q. What is atelectasis?

A. Atelectasis is present when lung tissue has become airless. Atelectatic lung tissue is solid and has the appearance of liver. It is caused by a complete block of the bronchus which supplies the involved portion of lung. Atelectasis may occur suddenly and in the absence of previous bronchial disease when the bronchus becomes plugged with very thick secretion or by an inhaled body. On the other hand, the block may occur gradually over a rather prolonged period of time as when an enlarging tuberculous gland first produces narrowing and finally complete obstruction of the bronchus.

Q. What is the difference between infiltration, lesion, and cavity?

A. The term "lesion" is derived from the Latin verb "to hurt, or to harm". It is a term which embraces all forms of disease and injury. When we speak of an infiltration we visualize a disease process slowly spreading out from the point of infection to other parts of the organ involved. When a cavity is present, a portion of the organ has been destroyed. In the lung, the products of this destruction usually rupture into the bronchus and are coughed up, leaving a space in the lung tissue which becomes occupied with air.

Therefore, an infiltration is a lesion, a lesion may be an infiltration, and a lesion may be a cavity.

\* \* \* \* \*

Lung cancer kills over 5,000 each year in Canada—and the death rate for heavy smokers is 30 to 50 times higher than for non-smokers.

—Health—August, 1967

## 130 Years Ago

(No, the 1 in the title is not a typographical error, for the interesting item which follows was copied from The Acad-ian Telegraph (Vol. I, No. 26), published in Halifax on Friday, June 30, 1837! This old newspaper was recently found by Mrs. Ross MacKenzie of Port Williams, whose kindness in making it available to us is gratefully acknowledged.)

### GREAT DISCOVERY IN SURGERY

There is some hope that the consumption may be cured by surgical means. The surgeon who makes this communication proposes to cure the consumption (in any case where one of the lungs is affected) in the following manner:

An incision is made between the ribs, and an orifice opened to admit the air into the chest outside, the diseased lung, so that no air will be drawn into that lung through the windpipe at all.

The lung will collapse and remain perfectly quiescent, and in that state can be cured by the efforts of nature alone, or removed altogether. As there is a partition between the sides of the lungs, while one of them ceases its action, the other goes on with its ordinary functions. The operation is neither difficult or painful, and may be performed upon a person in the last stages of consumption, without danger, as a person in that state would bear the operation better than one in robust health.

The plan appears to be feasible, from the fact that nature does sometimes effect a cure by the very same process (drying up one lung) and it is the only method by which a cure is ever effected. If this plan succeeds it will be the greatest discovery in the art of healing in modern times.

\* \* \* \* \*

### PUTTING OUT A BULLETIN

If we print jokes, some say we are silly;  
If we don't, some say we are too serious.  
If we print original matter, we lack variety;

If we don't, we are too lazy to write it.  
If we print news, some say we are nose-y;  
If we don't, some will be offended.

If we print contributions, they are full of junk;

If we don't, we don't show appreciation.  
Like as not someone will say we swiped this

... well we did ... from another bulletin  
No telling where they got it!

## Certified Nursing Assistants Graduate

Twenty-four Student Nursing Assistants received their certificates and pins at the Graduation Exercises held in Miller Hall, Nova Scotia Sanatorium, on the evening of September 6th. The School for Nursing Assistants was established at the Sanatorium in 1949.

Special speaker was Reverend Freeman Fenerty, Bethany Memorial Church, Aldershot. Invocation and Benediction were given by Reverend J. F. DeLouchry. Certificates and pins were presented by Dr. Helen Holden, Assistant Medical Superintendent, and Miss Madeline Spence, R.N., Director of Nursing Service. Miss Elizabeth MacPhail, R.N., Nursing Instructor, presented the students.

Mrs. Minetta Demchuck, a member of the Board of Registration of Nursing Assistants, presented a centennial medal to Mrs. Mabel Ray of the February Class for the highest marks in Certification Examinations and to Miss Lynda Titus for highest marks and general proficiency in the September Class.

Mrs. Hope M. Mack, R.N., Director of Nursing, as chairman said, "320 students have successfully completed the Course since its inception. The objectives of the Course are threefold:

1. "To provide education for the student so that she or he will be able to give good bedside nursing while understanding the basic needs of the sick.
2. "To safeguard the person receiving this service by providing qualified personnel who know their limitations.
3. "To provide some of the nursing service needed by Institutions caring for every type of illness."

A reception was held in the Nurses' Dormitory for guests of the Graduates.

\* \* \* \* \*

You can smell October  
In the misty air,  
Bonfires in a vacant lot,  
Blue smoke hanging there.

You can hear October  
Rustling through the town,  
Stirring up the crimson leaves  
Bringing ivy down.

You can taste October,  
Sweet as wine and clear,  
Brew of all the golden days  
Lived throughout the year.  
—From *October* by Edna Jacques



# HEALTH RAYS

Vol. 48

OCTOBER, 1967

No. 9

## STAFF

*Managing Editor* . . . . . F. G. Barrett  
*Business Manager* . . . . . John Akin  
*Subscription Manager* . . . . . Steve E. Mullen

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*Subscription rates* . . . . . 15 cents per copy . . . . . \$1.00 per year

## EDITORIAL COMMENT

I recall that when I was very young some society interested in the welfare of youth circulated a pamphlet showing two pictures: The first was a picture of a young man smoking a cigarette and the second a picture of a much older person quite definitely a social outcast. In those days education against smoking was promoted very largely by religious groups and the emphasis was on the moral deterioration which might follow rather than on the health hazards. We are quite certain that intelligent people no longer consider cigarette smoking immoral except in the sense that it is immoral to destroy your health!

Today there is overwhelming evidence that cigarette smoking is harmful to health and this edition of *Health Rays* is designed to bring that message from as many authorities as possible and to spread it as far as possible. Whether the repeated publication of this information will be effective in reducing the consumption of cigarettes is certainly open to question but, at least, we wanted our readers to know where we stand.

We extend our hearty congratulations to those members of the medical profession who have either given up the noxious habit or who have at least reduced their consumption. We are firm believers in the power of example and most certainly it is to the medical profession that the common man looks for guidance in this matter.

May we draw your attention to one or more articles in this edition which indicate that some hospitals have forbidden the use of cigarettes by their patients and that this does not seem to have reduced the number of patients accepting the benefits offered. Here at the Sanatorium we have not seen fit to go so far. When friends ask, "Are patients at the

Sanatorium allowed to smoke?" all we can say is "Yes, but they are encouraged not to". Is it not time that this situation changed?

Some time ago we ceased to advertise cigarettes and other tobacco products in this magazine. At the same time our canteen was instructed not to display ads for tobacco products although they were still to be sold. Is this not another situation which should be rectified? It is suggested that patients would still obtain cigarettes elsewhere and that "a black market" might develop. To us the situation seems to be comparable to that relating to the sale of medicinal products. For example, it is no longer possible to buy headache tablets in our canteen although cough drops are still available.

Let us be consistent and let us promote vigorously what we believe to be right and good.

### TAKE A DEEP BREATH

Eight of 11 heavy smokers in a test group at the University of Oregon reduced their cigarette consumption by one-half or more by holding their breath whenever they desired a cigarette. That simple method, which proved more effective than electric shocks in curbing smoking, was tested by Dr. Hayden J. Mees at the University's psychology clinic. Subjects reported that the deep breath replaces the cigarette as a reliever of tension.

—Health Bulletin via Contact

Smoking is a habit hard to break; however, Dr. Luther L. Terry reports that in the past 28 months 18 million people have quit smoking cigarettes. Sadly enough 4,500 youngsters start smoking every day. It would appear that we need to focus more attention on preventing the habit from getting started.

## *Birthday Cakes are our Specialty*

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## Thou Shalt Not Smoke

At the chest unit of the Canterbury Hospital, nobody is allowed to smoke.

Smoking is forbidden to all, doctors, nurses, ambulance drivers, patients and their visitors.

Even distinguished visitors are let known the rules.

This information comes from Dr. Owen Clarke, director of the chest unit at the hospital.

"I would say from experience that an effective method of stopping patients with chronic cough from smoking, is to give an order, a doctor's order", Dr. Clarke explained.

It has been his observation over the years that although a man might find it almost impossible to cut down on his cigarette consumption without a great deal of tension and distress, he found it easy to obey a doctor's order, never to buy a cigarette again.

He added: "If you don't buy one you can't go on smoking. Other people are just not that generous."

The first commandment for a patient with chronic respiratory disease such as bronchitis or emphysema is "Thou shalt not smoke."

This advice comes from Dr. Clarke, who has treated thousands of cases of chest disease.

YOUR HEALTH—May-June, 1967

\* \* \* \* \*

### TO A MAPLE LEAF

Twirling down—  
 Wafted by lazy breeze;  
 Frost tinted  
 Red—for Indian summer,  
 Green—relic of summer shade;  
 Gold—for the sun,  
 Orange, defiant blend—  
 With yellow for gladness  
 As you drift to earth, maple leaf,  
 You know that you alone  
 Are different from any other on the tree.

—Felicia Denison Fitch

## Face The Facts

"Being a smoker does not obligate you to defend smoking.

"If you can't stop, you can look deep within yourself, discover the fact that you smoke because you have to; concede that it's a dangerous habit that you regret . . . accept the facts about smoking and disease—and then tell the truth . . . especially to children and teenagers. . . .

"Admit that you'd like to stop.

"Admit it if you've tried to stop but failed. . . .

"Help to destroy the image of the smoker as a carefree man or woman who enjoys every drag.

"Stop being an unpaid living advertisement for the cigarette companies."

This constructive advice for those who find it difficult to stop smoking comes from a new Public Affairs pamphlet, "Smoking—The Great Dilemma", available at 25c per copy through local Heart Associations.

In Denmark, this approach has been accepted as national anti-cigarette policy. As early as third grade, Danish children are assured that men and women who smoke do not necessarily want to smoke or approve of smoking. The writer of one government pamphlet says he smokes 50 cigarettes a day but wishes he had never lighted his first one.

Via SoCaSan Piper

Via The Link

\* \* \* \* \*

### INDIAN SUMMER

*John Greenleaf Whittier*

From gold to gray  
 Our mild sweet day  
 Of Indian Summer fades too soon;  
 But tenderly  
 Above the sea  
 Hangs, white and calm, the hunter's moon.

In its pale fire  
 The village spire  
 Shows like the zodiac's spectral lance;  
 The painted walls  
 Whereon it falls  
 Transfigured stand in marble trance!

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# Chaplain's Corner

REV. DALE R. MacTAVISH, B.A., B.D., ThM.

Protestant Chaplain

Chaplain MacTavish was born near Chatham, New Brunswick. He received his early education there and graduated from Chatham High School in 1954. In 1958 he received his B.A. from Barrington College, Barrington, Rhode Island. He was granted the B.D. degree in 1961 from Acadia University School of Theology. During the course of his studies at Acadia he served as a student chaplain at the N. S. Sanatorium and later filled the same position at the Kings County Hospital. It was during this period that Mr. MacTavish studied Clinical Pastoral Education with the Institute of Pastoral Training.

Chaplain MacTavish was ordained by the United Baptist Convention of the Atlantic Provinces the same year he graduated from Acadia. For the following three years he served as pastor of the Deep Brook (N. S.) United Baptist Pastorate. When he left the pastorate he spent a year as a resident chaplain at Hartford Hospital, Hartford, Conn. This residency was part of an advanced course in Clinical Pastoral Education. Upon successful completion of this program he went on to a Clinical Pastoral Education program in Chester, Penn., sponsored jointly by the Crozer Chester Medical Center and Crozer Theological Seminary. This program integrated the activities of an interne chaplain

at the Medical Center and a graduate student at the Seminary. Mr. MacTavish's participation in this interne-graduate course earned him the Th.M. degree in Pastoral Theology and Clinical Pastoral Education.

The past year was spent in a post Th.M. program as an Assistant Chaplain Supervisor. As a result of this course he has been recommended to be accredited as an Acting Chaplain Supervisor by the Association of Clinical Pastoral Education (U.S.A.). Because of his work as an assistant Chaplain Supervisor in the annual six weeks summer course in C.P.E. at the N.S. Hospital, sponsored by the Institute of Pastoral Training, Mr. MacTavish has already been accredited as an Acting Chaplain Supervisor by the Canadian Council for Supervised Pastoral Education.

Mr. MacTavish is married to the former Marie Ann Cone of Rockville, Conn. They have three children: Dale Andrew, Scott Charles, and Tamara Lynn. The MacTavishes will reside in Kentville.

Mr. MacTavish began his duties as the Protestant Chaplain of the Sanatorium the first of September. He will spend half of his time at the Sanatorium (Monday, Wednesday, Thursday and Friday mornings and Tuesday afternoon) and the other half at the Kings County Hospital.

## THE FIRST THANKSGIVING PROCLAMATION

"Inasmuch as Ye Great Heavenly Father has given us this year an abundant harvest of Indian corn, peas, squash, and garden vegetables, and has made ye forests to abound in game, and ye sea with fish and clams, and inasmuch as He has protected us from ye ravages of ye savages and has spared us from pestilence and disease, and has granted us freedom to worship God according to ye dictates of our own conscience; now I, your Magistrate, do proclaim all ye pilgrims, with your wives and little ones, do gather at ye meeting house, on ye hill between ye hours of nine and twelve in ye day time, on Thursday, November 29th, of ye year of our Lord one thousand six hundred and twenty-three, and ye third since ye pilgrims landed on ye Plymouth Rock, there to listen to ye Pastor and render thanksgiving to ye Almighty God for His Blessings."

William Bradford

Ye Governor of Ye Colony

## THANKSGIVING

*Ralph Waldo Emerson*

For each new morning with its light,  
 Father, we thank Thee,  
 For rest and shelter of the night,  
 Father, we thank Thee,  
 For health and food, for love and friends,  
 For everything Thy goodness sends,  
 Father, in heaven, we thank Thee.

\* \* \* \* \*

## THE REWARD

It takes a heap of stumbling  
 Before you realize  
 A life that's worth the living  
 It what a struggle buys.

—Robert G. Quarles

\* \* \* \* \*

The greatest thought—GOD.

# It Leaves You Breathless

Most people who suffer from this ailment have been heavy smokers for years, Yet many heavy smokers—the majority in fact—don't suffer from it at all.

It's a pretty puzzle, and a lot of high level medical and health specialists got together to talk about it and problems related to it. The event, organized by the National Tuberculosis Association, was called a Seminar on Emphysema—the last word signifying the serious lung disease that provides the puzzlement.

Emphysema is a sneaky disorder. It comes on gradually, attacks and breaks down the numerous air sacs and tiny blood vessels of the lungs. Eventually the lungs lose their elasticity, and the victim has trouble moving air in and out. In advanced cases, breathing can become a constant laborious effort.

There are lots of mysteries about emphysema. Why does it attack many more men than women? Why does it rank sec-

\* \* \* \* \*

## AUTUMN

Morn on the mountain, like a summer bird,  
 Lifts up her purple wing, and in the vales  
 The gentle wind, a sweet and passionate  
 wooer,  
 Kisses the blushing leaf, and stirs up life  
 Within the solemn woods of ash deep-  
 crimsoned,  
 And silver beech, and maple yellow-leaved,  
 Where autumn, like a faint old man, sits  
 down  
 By the wayside a-weary. . . .

—Henry W. Longfellow

ond among diseases for which total disability benefits are granted under Social Security? And another mystery: emphysema is known to be “associated” with cigarette smoking and aggravated by air pollution, but so far it hasn't been shown that either factor is an actual cause of the disease.

However, a good deal about the disease is already known. There are helpful drugs, reliable tests, exercises and mechanical aids through which many victims acquire new techniques of breathing even though handicapped by damaged lungs.

Emphysema is one of the many serious forms of Respiratory Disease (RD) that can “take your breath away”. Common symptoms of RD are chronic cough and shortness of breath; if you have either of these symptoms you should see a physician without delay.

The Sanatorium Outlook

# Moirs . . . . .

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## Old Timers

Although summer seems to have come and gone almost in one breath, one cannot help but rejoice in the unrivalled brightness and beauty of a Nova Scotia autumn. How blessed we are in having four seasons—each with its own distinctive loveliness! But not only has the season changed, the location of Anne Marie's office has also changed. Contrary to original fears, however, this has not had any adverse effect on her efficiency as reporter for this column. She tells us that Sister Mary Mildred graduated as a Medical Records Librarian at the Halifax Infirmary on September 3rd, and we offer congratulations. Sister was a Sanatorium patient in 1957.

Father James Mombourquette, who was here in 1956, stopped in for a visit on his way to Yarmouth one day recently. At present he is parish priest at D'Escousse. He reported having seen Walter Dugas of West Arichat, also here in 1956. Walter is fine and is manager of the West Arichat Co-Operative.

Joe Chiasson of Cheticamp paid his first visit to the Sanatorium one day recently, after an absence of twenty years. Joe, who works in a printing office, was on vacation, and was accompanied by his wife. Joe also had news of Ruby Chiasson, now Mrs. Romard, who cured here in 1949. Ruby lives in Oshawa, and has one child. She spends her summer vacations in Cape Breton.

Andrew Roach, here in 1955, is studying for his Master's Degree at the University of Moncton.

Father Michael Laba, parish priest at St. Michael's, Dartmouth, gave the sermon at the 75th Anniversary of St. Joseph's Church in Kentville, in September. Father Laba, who cured here in 1932, enjoys good health.

"Proc" (Woodworth) Craig, a patient and popular nurse back in the 'Thirties, called at the San to renew acquaintances. "Proc" lives in Ontario, and was vacationing in her native province.

While on vacation, Mr. and Mrs. Hector McKean of the Sanatorium staff, saw some of our ex-patients and very kindly passed along the news to Anne Marie. Vivian Skelhorne of Southampton, who left here in 1962, is well, and has been grandmother four times! They found Messrs. Nelson McNeil, Malagash (1951); Wilfred Fraser, Melrose, Guysborough County (1959); Charlie Richards, Amherst (1963); and Garvin Hubley, Mushaboom (1967) all well. Garvin lives with his mother.

Archie Jamieson of Stellarton, here in

1963, drives a taxi in that town.

While out on pass, Mrs. Sadie Sorensen saw Mrs. Katherine Paul, who now lives on the Halifax Road, near Truro. Mrs. Paul left here as recently as this spring, but she and her baby (born at the Sanatorium) are both well. The baby is walking and Mrs. Paul is back to work in the rug factory.

Tom and "Mossy" Mullen were up visiting from Yarmouth recently. Their curing days were back in 1949. Both are well.

Mrs. Kay (LeBlanc) Shaughnessy was visiting her brother, Joe, at the Sanatorium recently. Mrs. Shaughnessy was a patient here in 1945.

It was a pleasant surprise to meet the Mullen family again. George and Daisy and their two young sons—Jeffrey and Mark—called in at the Rehab. while on a short vacation trip. The whole family cured here in 1964, and are now living normal lives. George works in the woods and Daisy carries on with the business of caring for a home and family. Jeffrey was ready to begin his second school term, and Mark his first.

From the centennial issue of *Welfare News* we learn that Lorne Marsman joined the staff of The Social Development Division of The Department of Public Welfare in February, 1967, in the capacity of Employment Officer for the Dartmouth area. Lorne, who was a patient here in the earlier 'Sixties, has since been employ-

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THIS HALF PAGE WITH THE  
COMPLIMENTS OF

*Don Chase, Ltd.*

---

ed by the Town of Truro. He received his education at Bridgetown, Nova Scotia Institute of Technology, and by the time this is printed, will be attending the Coady Institute at St. Francis Xavier University, Antigonish. He is married and has four children. We are glad that things are working out so well, Lorne.

According to reports in the *Halifax Chronicle-Herald*, dual honors have come to Miss Marlene Watt of Barrington Passage, who spent a short time here in 1966. Having been chosen from among twelve contestants as Queen of the Shelburne County Sportsmen's Annual Meet at Beaver Dam, Marlene went on to become first lady-in-waiting to the Queen of the Sea, at the Lunenburg Fishermen's Exhibition. Congratulations, Marlene!

**"I'M DYING FOR A SMOKE"**

You've heard people say "I'm dying for a smoke". We won't hear anyone say that again without a pang. A dear friend appears to have done just that—not "a" smoke, of course, but about a packet a day for a good many years.

Thirty years ago the doctor in the town where she lived remarked, "It's a joy to see anyone that healthy walking down the street. I look at her and think 'Well, there's one person I won't have to get up in the middle of the night to get to the hospital.'"

There came a time five years ago when another doctor took quite a different line. Her breathing was so laboured it could be heard six feet away. Her doctor wanted her to quit smoking but she thought he was a crank on the subject. At least that's what she said. Maybe this was just a cover up for her discovery that she could not break the habit.

Maybe there are a lot of people like her because we see by a Dominion Bureau of Statistics bulletin that cigarette smoking still seems to be on the increase. This despite the evidence.

Dying for a smoke?

—TB . . . and NOT TB

\* \* \* \* \*

A couple of fishermen were lying about their catches. "And what was your haul, Bill?" asked one. "Haven't you caught anything worth mentioning?"

"No", said Bill. "The last one I caught was too small to take home, so three fellows helped me throw him back in."

Sign on butcher shop in London: "We make sausage for Queen Elizabeth II."

Sign on rival shop across the street: "God Save the Queen!"

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## Just Jesting

Warren: "Haven't I shaved you before?"  
Herbert: "No, I got that scar in France."

Doris: "I don't intend to be married until I'm thirty."  
Linda: "I don't intend to be thirty until I'm married."

Albert: "It says in this leaflet that cannibals won't eat a man who smokes a lot of tobacco."  
Wilbert: "Well? Who's going to stop smoking just to pamper cannibals?"

Amos: "Whar am Rufus today, Jonas?"  
Jonas: "He am in de hospital."  
Amos: "In de hospital? Whut happened to him?"  
Jonas: "Oh, he just came down de ladder about ten minutes aftah it was done taken away."

Glenda: "Nurse, I want some oysters. But they musn't be too large, nor yet too small, not too old, nor too young, and they musn't be salty. I want them cold, and I want them at once."  
Mrs. Zirkel: "Yes, of course. Will you have them with or without pearls?"

Florence: "Was your necklace set with precious stones?"  
Linda: "Yes, precious few."

Miss Smith: "You ought to be reading something deep now and then."  
Joel: "Well, I am. I am reading 'Twenty Thousand Leagues Under the Sea,'"

Betty: "What keeps us from falling off the earth when we're upside down?"  
Mary: "Why the law of gravitation, of course."  
Betty: "Well, how did folks stick on before that law was passed?"

Josie: "I've got a T. B. ring."  
Joanne: "Why do you call it a T. B. ring?"  
Josie: "Well, I lost the stone. Now it has a cavity."

Arthur: "I don't feel good, doctor. I haven't any appetite, can't sleep, and I lost weight."  
Dr. Quinlan: "Do you have a temperature?"  
Arthur: "No."  
Dr. Quinlan: "Well, why not? You're entitled to one with all that."

Ma belle-soeur a quatre enfants et elle travaille. C'est dire que son existence n'a rien de monotone. L'autre jour, elle preparait le petit déjeuner et venait de mettre sur le feu une enorme poele remplie de tranches de bacon quand un cri detresse emanant d'une chambre a coucher de l'etage superieur la fit bondir. Elle demeura quelques minutes eloignee de la cuisine et s'attendait a retrouver un bacon tout recorni et brule. Mais quand apres avoir degringole l'escalier elle penetra dans la cuisine, quelle agreable surprise! Debout devant la cuisiniere, fourchette en main, le laitier retourna adroitement les tranches de bacon!

—A. B. Z.  
The Reader's Digest

Margaret: "What's the difference between a Scotsman and a canoe?"  
Hazel: "A canoe tips."

Mae: "Why are the days longer in the summer?"  
Sadie: "Because the heat expands them."

"Lady, could you give me a quarter so that I can get to see my family?" asked the ragged little boy. "Certainly, my boy", agreed the lady, handing him the coin. "And where is your family?" The lad answered, "At the movies."

Husband to wife as they start out to dinner, leaving their son with a sitter:  
"I still say, when they begin to ask for a blonde instead of a brunette, they're old enough to stay alone!"

Friend: "So your daughter now drives the car? How long did it take her to learn?"  
Suffering father: "Oh, about two and a half cars."

Three-year-old Linda watched her aunt unpack with much excitement, waiting for her present. At last two bean bags were produced, one red and one blue. "Which one would you like, Linda?" asked the visitor. "One is for you and the other is for Skippy."  
Without hesitation, Linda replied: "I want Skippy's."

Two secretaries were discussing their troubles during their coffee break. "All I asked him", moaned one, "was if he wanted the carbon copy double spaced, too."

# INS and OUTS

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Discharges: August 16 to September 15

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Miss Mary Joan Gould  
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85 Johnstone St., Sydney  
Miss Ann Mildred MacLellan  
89 Whalens Rd., Glace Bay  
Mrs. Mary Agnes Paul  
Eskasoni  
Alonzo Petrie  
185 Park St., Sydney  
James Arthur Gillard  
132 Main St., Glace Bay  
Robert Franklyn Goodwin  
22 Ottawa Ave., Amherst  
Gregory DiPersio  
504 Purves St., North Sydney  
Charles William Nearing  
133 Dorchester St., Glace Bay  
Angus Joseph MacDonald  
South West Margaree  
Myles Andrew Young  
South Bar  
Adrian MacLeod  
316 Dominion St., Glace Bay  
Alexander Joseph Sheppard  
St. George, Newfoundland  
Joseph Stanley LeBlanc  
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Eskasoni  
Charles William Nearing  
133 Dorchester St., Glace Bay

\* \* \* \* \*

A woman was being congratulated by a friend after both her son and daughter were married within a month of each other.

"What kind of a boy did your daughter marry?" asked the neighbor.

"Oh, he's wonderful," gushed the mother. "He makes her sleep late, wants her to go to the beauty parlour every day, won't let her cook and insists upon taking her out to dinner every night."

"That's nice," said the neighbor, and your son? What kind of a girl did he marry?"

The mother sighed, "Oh, I'm not so happy there. She's lazy, sleeps late every morning, spends all her time at the beauty parlor, won't cook, and makes them take all their meals out."

## A BASIC REQUIREMENT OF LIFE

Life in this world is a transient  
The struggle for existence is permanent,  
The span of life is rather short,  
The urge for advancement is really great.

One's life is governed by circumstances,  
It may have a lot of inconveniences,  
Nevertheless one tries to forge ahead,  
This will always keep one in good stead.

Every human being possesses a talent,  
Till discovered, it is latent,  
It is essential to make it potent,  
Then the person becomes important.

This talent shall be carefully nursed,  
Which ensures the maximum output in  
the field,  
This reinforces the uplift of mankind,  
And helps to bring happiness to all concerned.

Accursed be the person who tends to be  
boss,  
To the humanity, he or she incurs a loss,  
Such people should be a rarity,  
For the overall progress of humanity.

The ultimate goal of life is indefinite,  
The person may work with all might,  
What remains will be the kind word and  
deed,  
The effort shall always be in this field,  
indeed.

The moral is abundantly clear,  
To help the fellow being is the endeavour,  
This makes anybody feel proud,  
This quality is the minimum required.

Prof. (Dr.) V. Ramachandran,  
Halifax, N. S.

\* \* \* \* \*

One dog to another: "I wish I could go to see a psychiatrist but I'm not allowed on couches."

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# The Pickle Jar

## Sweet and Sour

We are always pleased and honoured when some article which has appeared in *Health Rays* finds its way into other publications. We feel that the honour is shared by the authors of such articles. On this occasion we wish to pass kudos along to Dr. Quinlan and to Padre Sullivan who recently have had articles reprinted in the *Iowa Stethoscope*, and to "Bert" Whitaker whose article on amateur radio was reprinted in the *Missouri San-O-Zark*. Congratulations, gentlemen!

\* \* \* \* \*

We welcome to the Staff of the Rehabilitation Department two new school teachers. Mrs. Madelon Misner of Black Rock, Kings County, has been engaged to teach various subjects in various grades. She will be employed in a full time capacity. Mrs. Adele McAdoo of Kentville has been employed to teach French on a part-time basis. Welcome ladies; we are extremely pleased to have you with us.

\* \* \* \* \*

From where we sit, during the past week we have watched repairs being made to the face of the East Infirmary. The workmen reached the topmost part of the building by constructing what appeared to us to be a most unstable staging. When queried as to how they felt about the job one replied, "You have to put your faith in something". Although from where we sit we have been unable to observe their actions, painters have been engaged for the same length of time brightening up the Rehabilitation Building. We understand that they have moved on to undertake the greater task of painting the Recreation Building.

\* \* \* \* \*

We would like to draw your attention to our page four which carries the names of clergymen of the various denominations who minister to us here at the Sanatorium. Dr. Douglas Archibald has taken up his duties as chaplain for the United

Church and Reverend Dale McTavish has come to fill an entirely new position as Protestant Chaplain; pertinent facts concerning Mr. McTavish are to be found in the Chaplain's Corner. We also note that our long-time friend Dr. Hamilton is leaving the Kentville Baptist Church and is to be replaced by Mr. Griffin. We have always subscribed to the belief that the care of the spirit is as important as the care of the body and, therefore, we welcome these men to their new tasks.

\* \* \* \* \*

At staff conference recently there has been a great deal of discussion concerning our students and their recent examinations. One, Nelson Melanson, has recently had trouble with kidney stones which led to the following comments:

Dr. Rostocka to Dr. Quinlan: "Did Nelson pass his calculus?"

Dr. Crosson (proudly): "He passed all his Grade XII subjects."

Shouted the prison warden to his guards: "How did that prisoner escape? Did you lock all the exits?"

Answered one of the guards: "Maybe he left through one of the entrances."

"To what do you attribute your long life", the reporter asked the centenarian.

"I don't rightly know yet", replied the old-timer. "I'm still dickering with two breakfast food companies."

Daylight saving time had come to the Ozark hills for the first time. Neighbours were discussing it when Aunt Martha, an elderly woman who had a large garden, was asked how she liked the new time.

"Well", she answered, "I think I'm going to like it just fine. I can already tell a big difference in how much faster my garden is growing since it gets an hour more of sunshine."

He (telephoning): "I want to see you in the worst way."

She: "Come around before breakfast."

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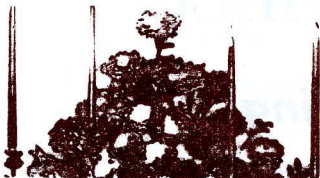
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