

NOVA SCOTIA SANATORIUM

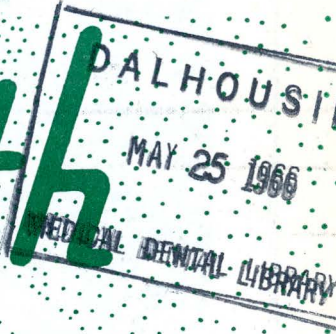
VOL. 47

MAY, 1966

NO. 5

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Sanatorium Visiting Hours

DAILY: 10.15 - 11.45 A. M.

DAILY: 3.15 - 4.45 P. M.

DAILY: 7.30 - 8.30 P. M.

Absolutely no visitors permitted during

QUIET REST PERIOD 1.00 P. M. - 3.00 P. M.

*Patients are asked to notify friends and relatives
to this effect*

Kentville Church Affiliation

Anglican—Rector	<i>Archdeacon L. W. Mosher</i>
Sanatorium Chaplain	<i>Rev. J. A. Munroe</i>
Baptist—Minister	<i>Dr. G. N. Hamilton</i>
Student Chaplain	<i>Lic. Henry Sharom</i>
Lay Visitor	<i>Mrs. Hance Mosher</i>
Christian Reformed—Minister	<i>Rev. J. G. Groen</i>
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Roman Catholic—Parish Priest	<i>Rt. Rev. J. H. Durney</i>
Asst. Roman Catholic Priest	<i>Rev. Thomas LeBlanc</i>
Salvation Army	<i>Capt. R. Henderson</i>
United Church—Minister	<i>Rev. K. G. Sullivan</i>
Sanatorium Chaplain	<i>Rev. J. D. MacLeod</i>

The above clergy are constant visitors at the Sanatorium. Patients wishing a special visit from their clergyman should request it through the nurse-in-charge.

HEALTH RAYS

A MAGAZINE OF HEALTH AND GOOD CHEER

Authorized as Second Class mail, Post Office Department, Ottawa

And For Payment of Postage in Cash

VOL. 47

MAY, 1966

No. 5

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



Recently a patient asked why she had to continue to drink a glass of milk in the middle of each morning and each afternoon. She was neither overweight nor underweight so the answer was that she did not have to do so but perhaps the milk was better for her than some other things she was eating. Indeed, it is our recommendation that no one

be urged into obesity. When one reaches standard weight, or at most 10 per cent above standard, it is time to call a halt. Overweight is a form of malnutrition. When you reach your standard weight start cutting down on the food intake, especially extra helpings and most especially cakes, desserts, candy, and pop. You will look your best and feel your best before you get too plump. Your best weight is the normal weight for your age, height, and sex.

* * * *

The germs which cause tuberculosis are difficult to demonstrate in the sputum. Only a few of them survive the rather rigorous laboratory procedures to be seen finally under the microscope. When seen, they are present for sure and we say that the sputum is "positive". When not seen, they may still be present in very appreciable numbers so why should we say that the sputum is negative. A better term would be "not demonstrated positive or N.D.P." Perhaps we should try this instead of saying "negative" when we really do not mean it. Frequently, when examining six specimens of sputum from the same person all taken at the same time, four will be "positive" and two will not be positive. Would it not be much better, in the case of the two specimens to say "sputum N.D.P."? To call them negative would be pretty far from

presenting the true state of affairs.

* * * *

A few days ago someone brought to my attention that it costs \$7,500. to get lung cancer—two packages of cigarettes a day for twenty-five years! I had not realized before that lung cancer was such a luxury.

* * * *

Today, as I write this column, we have 172 patients in residence, the most we have had in over a year. The sudden rush of new patients started about a month ago and was quite unexpected. Also unexpected was the fact that so many new cases have their disease in the advanced rather than in an early or minimal stage. We can still bring about "cure" of advanced tuberculosis but it does take longer and therefore the Sanatorium stays crowded longer. Sorry about this but we do not like to turn patients away or delay their admission. If you are in an extra bed or if your washing facilities are unduly crowded, I trust that this situation will be accepted with understanding and with the thought that we shall improve matters just as soon as we can do so.

Strange black and princely pirates of the
skies,

Would that your wind-tossed travels I
could know!

Would that my soul could see, and, seeing,
rise

To unrestricted life where ebb and flow
Of Nature's pulse would constitute a wider
life below!

Could I but live just here in Freedom's
arms,

A kingly life without a sovereign's care!
Vain dreams! Day hides with closing wings
her charms,

And all is cradled in repose, save where
Yon band of black, belated crows still frets
the evening air.

—E. Pauline Johnson.

Tuberculosis Is Different

Tuberculosis Is Costly

In ancient times a Roman scholar named Varro suggested that disease might be caused by organisms too small to be seen. These tiny organisms, he said, might pass from person to person causing them to become ill.

As it turned out Varro was a man far ahead of his time for it wasn't until 19 centuries later that Louis Pasteur proved that tiny organisms do indeed cause plagues. A few years later Dr. Robert Koch ended the controversy of whether or not tuberculosis was caused by a germ, and since then medical science has given us the following facts about this disease.

Tuberculosis is primarily an **airborne infectious disease**, caused by a minute, rod-shaped germ and characterized by the formation of tubercles in the body tissues. It chiefly affects the lung, but can affect any part of the body.

Tuberculosis differs from most other infectious diseases in certain important aspects. First, **there is no set incubation period**. Tuberculosis can develop in 10 days 10 weeks or 10 years after the germ has entered the body. The body's forces of resistance can kill a few of the invading tubercle bacilli but, because of their persistent multiplication, the best it can do is entrap the unkilld germs in microscopic formations of cells called tubercles. If the strength of the body's forces is sufficient and is maintained, active disease does not develop.

However, these resistant forces may at any time be weakened—by inadequate nutrition, fatigue, etc.—to the point where the bacilli break down the tubercles, multiply and spread and, if the body cannot handle the situation, cause disease. (A new invasion of germs may have the same effect.)

With the development of disease, another peculiarity of tuberculosis becomes apparent. **When active disease develops there are no symptoms at first**. Instead there is a symptomless period which lasts for weeks or months. The disease progresses and bacilli may be expelled through the mouth and spread to others. This situation can be detected only through tuberculin tests, x-rays and laboratory tests.

The fact that actual destruction of the lung tissue is common in tuberculosis also sets it apart from most infectious diseases. This not only makes treatment complex but demands a long period of

treatment. Treatment with the modern drugs must be continued for at least a year or more, even after the patient leaves hospital. Sometimes patients are left with a permanent disability.

Even when the cavities are healed, the body's victory is not necessarily complete. **There is no lasting immunity**.

All patients face the hazard of relapse. **Reactivation** can come from a new invasion of bacilli or from bacilli remaining from the original attack. In the cases of most tuberculosis patients who have recovered from the disease, some bacilli usually remain in the scar tissue which formed to close the cavity. If the body's forces again become weakened, disease may start anew.

For the reasons cited it is obvious that tuberculosis is a disease difficult to control. It is a serious and long-time problem of the individual and a public health problem. It is a most disruptive disease because of the economic, social and emotional problems it can cause in the life of the individual and his family.

Consequently, tuberculosis is far more of a community problem than most infectious diseases.

Despite fewer deaths, fewer new cases and a shorter sanatorium stay, tuberculosis is still our most costly communicable disease.

In Canada—where 6,000 new active cases of tuberculosis are reported each year—this disease costs the nation \$40 million annually. For the some 400 patients now undergoing treatment for tuberculosis in Manitoba sanatoria, the treatment cost for each patient runs to nearly \$3,300 a year.

And this does not take into account the incapacitating character of tuberculosis, the broken homes, loss of productivity and income, or the dependence on the welfare cheque—all of which are inevitable with long-term, chronic diseases.

To illustrate this point we cite the case of Mr. B., who is typical of the 30 Canadians who every day across the country learn that they have tuberculosis and must go to sanatorium for a long time.

Mr. B. had a good job with a transportation company and provided well for his wife and three small children. But for a number of years he had unknowingly been in close contact with an active case of tuberculosis and, after a while, he also

developed active disease and was forced to enter sanatorium.

With the resulting loss of his income, his family was placed on Mothers' Allowance assistance.

Shortly after the father's admission to sanatorium, the youngest child developed tuberculosis meningitis and was also admitted. A few months later the mother also had to enter sanatorium—at which time the remaining children were placed in foster homes, the Department of Welfare paying the cost.

The mother was discharged home as soon as possible to take care of the children and once again the family went on Mothers' Allowance. About a year later the father was able to return home, but the assistance cheques continued for some time afterwards until he was well enough to return to work.

Even discounting the great suffering which diseases like tuberculosis bring to the family, it is much cheaper to step up our tuberculosis preventive program than to allow this infectious disease to drag out as a long-term, expensive public health problem.

Tuberculin and x-ray surveys—financed by the yearly sale of Christmas Seals—prevent the spread of tuberculosis and find the disease early, before the patient is so sick that a long stay in sanatorium is necessary.

But even a preventive program cannot be effective unless everyone in every age group makes the effort to take part in these free tests.

—Sanatorium Board of Manitoba Bulletin.

If you can play golf and bridge as though they were games, then you are about as well adjusted as anyone ever gets to be.

In forest arms the night will soonest creep,
Where sombre pines a lullaby intone,
Where Nature's children curl themselves to sleep,

And all is still at last, save where alone
A band of black, belated crows arrive from
lands unknown.

Strange sojourn has been theirs since
waking day,

Strange sights and cities in their wander-
ings blend

With fields of yellow maize, and leagues
away

With rivers where their sweeping waters
wend

Past velvet banks to rocky shores, in
canons bold to end.

Two Little Letters

It isn't Rural Delivery, Radio Diffusion, Relatives Departing, or Raspberry Delight. All those things can be very nice, and the initials RD CAN be used to denote any of them. But more and more those two innocent-looking letters are coming to be known as the symbol of something that shouldn't happen: Respiratory Disease.

Time was, and not so long ago, when a persistent cough was generally thought of as just a nuisance to be shrugged off. Some people never coughed except when they had a cold, others seemed to cough all the time, and what difference did it make? The difference it made—and still makes—is that a chronic cough is a symptom of disease of the breathing apparatus.

That's how it is, too, with labored breathing. You start getting older, and you develop shortness of breath, and it all seems so natural. That was the theory. The fact is—and people have only recently been catching on—that shortness of breath isn't a bit natural. Not even in elderly folks. Shortness of breath is another symptom of breathing sickness: Respiratory Disease.

Within the last few years this common type of ailment has been recognized as a major health problem. Short-term respiratory diseases alone, including influenza and the common cold, cost the nation more in lost time than any other group of acute illnesses. Chronic RD includes such serious difficulties as asthma, chronic bronchitis, emphysema, tuberculosis. Cigarette smoking and air pollution, those two side effects of modern civilization, have been directly associated by medical experts with the evident widespread increase of some respiratory diseases.

What to do? Your Christmas Seal association, which devotes itself to an all-out fight against tuberculosis and other forms of RD, suggests a visit to your doctor the minute you realize that chronic cough or shortness of breath has set in. You can't lose a thing; you might win better health and longer life.

—Contact

Illinois Tuberculosis Assoc.

Give me the serenity to accept
what cannot be changed.

Give me the courage to change
what can be changed.

The wisdom to know one from
the other.

—Reinhold Niebur.

To Maggie, With Love

I wandered today to the hill, Maggie,
 To watch the scene below;
 The creek and the creaking old mill,
 Maggie,
 As we used to long ago.
 The green grove is gone from the hill,
 Maggie,
 Where first the daisies sprung;
 The creaking old mill is still, Maggie,
 Since you and I were young.

And now we are aged and gray, Maggie,
 And the trials of life nearly done;
 Let us sing of the days that are gone,
 Maggie,
 Since you and I were young.

One of the enduring love songs of all times, it was a dream that never came true. Maggie did not live to be old and grey. In the twenty-ninth year of her life tuberculosis claimed its victim, one hundred and one years ago this month.

"Maggie" was Margaret Clark, a real-life Canadian girl, daughter of a prosperous miller and farmer in Binbrook, Ontario, who at a very tender age had fallen in love with the handsome young teacher of the village school. George Johnson no doubt owed much of his dark good looks to the beautiful Mohawk princess who had married his grandfather. This lively and lovely Indian girl, sister of Chief Joseph Brant, famous in Canadian military history, had won the heart of Sir William Johnson, an Irish landowner in the Mohawk valley.

It was after he had been away to university and had returned to teach in Binbrook High School, where Maggie had one more year to go, that George Johnson suddenly realized little Maggie Clark had grown into a slender beauty with golden ringlets and enormous blue eyes. He found himself making excuses to call at the Clark home, where he joined in the popular family pastime of singing around the piano. It was soon recognized that the two were deeply in love, and although teacher-pupil romances were against the ethics of the profession, the families smiled upon this one. It seemed so right: they were so young, gay and good-looking; they loved music and poetry; and they had been raised with the same high standards of conduct and outlook.

The courtship, during which a favorite rendezvous was "the creaking old mill" on the Clark farm, culminated in a formal engagement in 1860, when George was

twenty-one and Maggie three years younger. The engagement was to endure four years while George sought further education at Fort Edward Institute in New York, and Maggie, in a quite unusual step for a girl of that time, also attended college, Wesleyan College in Hamilton.

George, meantime, had become interested in writing, and had had some success with his poems and articles. He was offered a position with a Cleveland newspaper, and he hastened home to tell the news. It cut him to the heart to find Maggie pale and listless, suffering terrible attacks of coughing. She had always been a delicate girl, but her natural high spirits had hidden the fact. Now it was obvious that she was extremely unwell. To give Maggie courage and to allay his own fears, George wrote his famous poem: "Since You and I Were Young".

In the hope that a new life in new surroundings might restore health and strength to Maggie, George urged early marriage. So it was, on October 21, 1864, they were married, and left immediately for Cleveland. It was a vain hope. Nothing medical science of that day had to offer could stay the course of the consumption ravaging Maggie. On May 14, 1865, less than seven months after her marriage, Maggie's life reached its end. The heart-broken husband brought her home to Binbrook, and she was buried in the family plot at White Chapel Cemetery.

George Johnson had no heart to return to Cleveland nor to pursue a journalistic career. He remained to teach again in Binbrook school, seeking to lose himself in work with the young people under his care. He lived for another fifty-three years, rising from one teaching position to another until he became the principal of Central School in Hamilton and eventually a teacher at Upper Canada College, Toronto. In the course of the years he remarried and spent much time travelling about the world. He died in 1917.

But fifty years could not entirely dim the memory of his first great love. He left a considerable bequest to Hamilton Tuberculosis Sanatorium, to aid in the struggle against the terrible disease which had robbed him of his beloved Maggie. And on the fly-leaf of a book he had been reading shortly before his death was found a verse copied from a poem which he had written in those heartbroken days after Maggie's death:

"With a slow and noiseless footstep
Comes this messenger divine,
Takes the vacant place beside me,
Lays her gentle hand in mine."

On the outskirts of the city of Hamilton there stands a monument erected to George Johnson, to the memory of the man who gave the world one of its tenderest and most lasting love songs.

EMH, Nova Scotia Sanatorium.

WHAT IS EMPHYSEMA?

Emphysema is a disease which causes the lungs to become greatly enlarged. The disease "creeps up" on its victim rather than attacking him suddenly, probably after he has had several very bad colds each winter for the past few years.

Emphysema may begin with only a slight difficulty in breathing in the morning, or evening, or both. Next, a short walk may be enough to cause breathlessness. Unless promptly treated, the lungs may be permanently damaged and a day-in-day-out struggle to get enough oxygen may develop. Every breath may require a major effort. The ultimate hazard of emphysema is the extra load it puts on the heart.

WHO GETS EMPHYSEMA?

Ten times more men than women get emphysema and the disease usually strikes white males between the ages of 50 and 70. A HIGH PERCENTAGE OF EMPHYSEMA PATIENTS HAVE SMOKED HEAVILY FOR MOST OF THEIR LIVES. Frequently they live in areas where air pollution is a constant problem.

TREATMENT:

The patient should see his doctor. Doctors can help emphysema patients live comfortably with their disease for a long time. Different treatments including antibiotics help different patients at different times and under a doctor's care most patients can get relief from their attacks of breathlessness.

PREVENTION:

Continuing research is being conducted to find the answers or prevention on emphysema. Early treatment is essential.

—The Northern Light
Newfoundland Tuberculosis Assoc.

THEY WHO NOURISH

The word **nourice**, which later became the shortened form **nurse**, was introduced into the English language by the French conquerors of Britain in the eleventh century. As the etymologist points out, the French term owes its derivation to the earlier Latin, where **nutricia** was properly the feminine form of **nutricius**, "one who nourishes."

Members of the profession are pleased to recall that nursing was born of love and pity for the sick and weak. The spirit of sympathy, so tenderly expressed when religious fervor prevailed, was not lost when war became the dominating influence upon the profession. Its greatest figure, Florence Nightingale, was known as the Angel of Mercy and Cheer during the Crimean War.

Since the 1880's, the modern system of scientific training and organizations has been stressed. In the profession today, a superficial glance would show, the humanitarian aspect is in danger of being overshadowed by many things of a material nature. The modern nurse has a wide technical knowledge, she is technically competent and efficient—yes—but she cannot overlook the fact that real service, now as through the ages, is based on one great feature—a kind and noble heart. The true nurse, of whatever age, is never so professional that she forgets to be human, never so insensible to suffering that she puts technical routine above a patient's comfort. "Knowledge puffeth up, but charity edifieth."

May 12, Florence Nightingale's birthday, has been designated as Hospital Day. On this day we pause to pay tribute to the wonderful nurses in our sanatoria. Tuberculosis nursing is essentially concerned with prolonged contacts, in which the mind as well as the body must be ministered to. Sanatorium nurses have an excellent opportunity for the expression of human sympathy and consideration.

By continuing to **nourish** as she **nurses** may each nurse help to keep alive the divine touch of which her profession was born.

—Sanatorium Sun.

THE FLYING DISEASE

They float through the air with the
greatest of ease,
These multiple germs from a cough or a
sneeze;
Their actions are louder than words can
conceive—
Just note the long list of infectious disease.
—Selected

Meet Your Public Health Nurse

Have you met a public health nurse—professionally, that is. If not we recommend that you do so. If you have, we don't need to urge you.

The public health nurse is a prop and stay to patient's family while he is in hospital and when he (or she) gets home the public health nurse is the likeliest candidate available for the role of guide, philosopher and friend. Bank on her.

Of course, there are other people who will be all ready to give you advice about what you should or should not do. Some of them are guided by the way they feel themselves that day. Others take a chance on something they remember from a text book 40 years ago—and if you want to know how up-to-date this makes them, just ask them to help your children do their arithmetic homework. Another very large group of advisors are the one who say what they think you want to hear. They are the most dangerous of the lot.

The public health nurse has (a) more up-to-date information than self-appointed advisers and (b) more training and experience. She knows the problem of the patient who has to keep on taking drugs and finds it hard to remember. Her visits are meant to help the memory. She knows the dozens of ways, maybe a score of ways, in which serious illness tries the patience of different members of a family.

The public health nurse knows the many things that can go wrong. Maybe the neighbours are just a bit worried

about whether or not the ex-patient is likely to be infectious. She also knows that the family may think that they are being avoided. She can tactfully cope with fears. Her word that the patient had the doctor's permission to leave sanatorium is enough for sensible people. Of course, she can only give it if there was such permission.

Another thing that the public health nurse does is to keep an eye on the rest of the family. After all, they are contacts of a known case. And tuberculosis, unlike mumps or measles, has no definite incubation period. When people are exposed to most of the communicable diseases one only needs to keep a watch for a matter of either days or weeks. If a child exposed to whopping cough does not develop it in 14 days then for this time he's past danger. Not so with TB. So the public health nurse will be around with advice about check up of contacts.

The public health nurse is trained to help with a variety of problems which have nothing to do with TB. If there are financial problems she knows what agency can help plan budgets. If there are personality clashes or behaviour problems she can often help or if the situation is acute get assistance for someone with special training.

In short, get to know your public health nurse. You'll be glad you did.

TB—AND NOT TB.
Canadian Tuberculosis Assoc.

TB In Korea

Tuberculosis is a familiar enemy to the Kim Soo Bongs who live in a Korean Slum.

The 41-year-old father of the family has been a TB victim for years and cannot work. He spends his day lying in a lean-to beside his shack home in a primitive attempt to keep his infectious body away from the rest of his family. Under his bed are stacked all his belongings—some empty cans and a few pieces of lumber.

But his five year old son has already been infected and has been in and out of Mokpo TB Children's Hospital, a 70 bed unit completed in 1961 in collaboration with the Norwegian Korean Association and the City of Mokpo.

Unitarian Service Committee executive director Dr. Lotta Hitschmanova recently visited the Kim Soo Bong family on her rounds of the Mokpo slums.

"When I had last seen the boy in our

TB hospital he was wearing clean, gay pyjamas and sat on a snow-white bed-spread playing with a toy car," she said.

"At home he sat in his father's shack with an empty bowl in front of him and forlorn expression on his chubby face."

The mother supports the family with 50c a day earned selling candy on Mokpo streets. But with winter coming on, and firewood costing 25c a small bundle, her earnings will not go far.

Scenes like this are commonplace in Korea which has the highest TB incidence rate in the world. Some 2.8 per cent of the population have active tuberculosis. There are at least 400,000 chronic patients. The highest TB incidence rate is between the ages of 15 and 25, and under the age of three.

Your Health
British Columbia TB. Association.

Why I Do Not Think I Would Make A Good Rural Public Health Nurse

dear boss
 i just finished the manuel
 and i dont wana be
 a rural public health nurse
 on account of i dont claim
 to be a superwoman or
 a paragon
 period
 the only woman who ought to
 even think of this job
 ought to be old maids
 on account they are
 the only ones
 who should give a lifetime
 to a community program
 and they wouldnt care
 if there wasnt any
 place to go
 when they quit work
 except home
 exclamation mark
 moreover boss
 what worker
 could possibly have
 all those qualifications
 laid down in the manuel
 question mark
 by the time she learned
 how to be a file clerk
 statician
 case record writer
 family counsellor and
 what not
 as well as public speaker
 amateur psychologist
 fund collector and interpreter
 of what the board is and does
 and tactfully so too boss
 and has six years in college
 with courses in child care
 mental hygiene nutrition
 and home management just thrown in
 for good measure
 and three to five years experience
 preferably rural
 what i mean boss she would be
 very aged no less
 period
 and when she starts on the job boss
 and carries 400 families
 and covers 1000 miles
 maybe without no auto
 on account of she cant
 get the dealers to sell gasoline
 and talks ma into
 giving orange juice to the kids
 and country fairs in giving
 restrooms
 and the state hospital
 to lend a psychiatrist
 and gets papa to see the light

and the children to see papas
 side too
 all these she must do besides having
 judgement
 common sense patience humor
 and a constitution unbeatable
 and boss the manuel even
 expects her to remain friendly
 to all and free from prejudice
 and while in rome do as
 the roman do though to
 tell the truth boss there
 isnt anything else to do
 if she doesnt want the romans
 to talk about her
 and all that priceless personality
 boss for a meassilly 3400 a year
 or less
 it aint right boss really with
 all that she ought to be
 president at least
 period
 and then boss in her spare time
 they want her to be an
 amateur photographer
 or butterfly chaser for her own
 recreating
 and boss while there is
 life in the old dame yet i dont
 wanta try it please
 on account of

i cant take it
 PERIOD.

—The Camsell Arrow

Game To The End

Two friends were playing golf when one of the men had a heart attack. Though they were at the farthest green from the clubhouse, his friend managed to carry the stricken man back.

"I doubt if I could have pulled him through if you hadn't carried him here," the doctor said after treating the patient. "That was really heroic. Why he weighs at least 250 pounds, and I think you'd better let me take a look at you."

The golfer assured the doctor that though he was tired, he was quite all right.

"Nonsense," the doctor said. "Carrying 250 pounds that far is quite a strain."

"Nothing to that, Doc," the man said. "What was exhausting was putting him down and picking him up again between shots."

"If you read enough of the literature on the dangers of smoking, you will certainly decide to stop reading."

Winston Churchill

Question Box

J. J. Quinlan, M.D.



- Q. Please explain the B.M.R. test, and why it is done.
- A. The estimation of the B.M.R., of basal metabolic rate, is a procedure used in the evaluation of the function of the thyroid gland. Briefly, it consists of measuring the consumption of oxygen by an individual at complete rest for a given period of time, usually about six minutes. The result obtained is then compared with estimations made in other people of comparable age, sex and body surface area. The basal metabolic rate is then expressed in terms of per cent difference from the mean values obtained in a series of control subjects. For example, an individual whose oxygen consumption in six minutes is 15 per cent less than that obtained in a group of normal controls is stated to have a basal metabolic rate of -15 per cent.

- Q. Does exposure to X-rays while being fluoroscoped have any effect upon a person?
- A. The small amount of radiation received by an individual undergoing fluoroscopic examination of the chest, or fluoroscopy during the performance of such diagnostic procedures as a bronchogram or barium examination of the esophagus and stomach, will cause no ill effects.
- Q. When one suffers from profuse sweating in the armpits, even on cold days and with little exertion, is it a complication of one's tuberculosis?
- A. There is no connection between sweating in the armpits and tuberculosis. Generalized sweating will occur in association with fevers of many origins, including active tuberculosis. The classical "night sweats" described as a symptom of the disease were seen in the presence of progressive very active tuberculosis. Today, with the prompt establishment of drug treatment for the disease, they are rarely encountered.
- Q. Do all rales have to disappear be-

fore healing takes place in the lungs?

- A. The presence of rales, a variety of abnormal sounds heard by the physician when he listens to the chest with the stethoscope, are not necessarily related to healing of pulmonary tuberculosis. For example, in acute miliary tuberculosis with both lungs extensively involved by the disease from top to bottom, rales may frequently be absent, while they may be heard in patients whose disease has been well healed for many years.
- Q. How dangerous are chest colds to someone who has had active tuberculosis?
- A. "Chest colds" or, in other words, acute or subacute bronchitis are of little danger to the patient whose tuberculosis is completely healed. However, if there is significant residual disease present, particularly if the chest cold occurs some time after drug treatment has been discontinued, reactivation of the tuberculosis is not at all unusual. It is to obviate the occurrence of these flare-ups of tuberculosis that we advocate resection of such residual disease during the individual's course of treatment for his tuberculosis.

SMOKING EXPERT ALSO ITS VICTIM

Dr. Louis F. Fieser, Harvard chemist who helped write the Surgeon General's Report on Smoking and Health two years ago, has written the other members of the committee that he has learned the hard way.

He recalled to them that he continued to smoke heavily during the preparation of the report, "invoking all the usual excuses."

Two months ago, it was disclosed that he had lung cancer. The doctors also told him he had emphysema and heart trouble.

"My case seems to me more convincing than any statistic," he told his associates. He said he stopped smoking immediately on detection of the tumor and now is recovering after surgery.

Dr. Fieser, 66, says there is no doubt of the origin of the disorders—45 years of heavy smoking.

Contact
Illinois TB. Association

30 Years Ago

30 years ago **Health Rays** was a considerably larger magazine and went in for more lengthy articles than we do today. The opening article discussed the problem of "Remaining Well in After Years" very thoroughly. The sub-title "The One Essential Factor in Preserving Health After Recovering From Tuberculosis Is to Avoid Fatigue" contains the gist of the article. One short sentence puts it in a nutshell: "Life in after years, therefore, has its keynote in the avoidance of fatigue". We'd like to think the closing paragraph applies to all our ex-patients: "Because he knows that preservation of health depends upon the prevention of disease, each passing year will find him one day at his doctor's door, not because he is ill, but because he is well and wishes to stay so. Time will prove by his example the truth of the dictum of the sage physician who said: 'The way to live to a green old age is to get a chronic disease, and take care of it.'"

Probably because it was a Spring issue, and "going home" was in the air, we find another article on the business of curing at home. In this instance the writer had tried it and found it did not work for him. He tells us why: "I've heard of a few patients who were able to chase the cure successfully at home. My hat is off to them, and I envy them with all my heart for I know from bitter experience that home curing requires the faithfulness and patience of Penelope, the will-power of Napoleon, the passive non-resistance of Gandhi, and a skin as impervious to insult as Al Capone's.

"The world's is full of enemies and temptations all disguised as dear, dear friends full of the very best of intentions. They all mean well, but they come to visit you five minutes before rest hour and talk, talk, talk an unending monologue of gossip for hour after hour until your head swims with weariness and you can actually feel the 'bugs' chewing out another cavity in the left lung. How you long for the nurse to announce rest hour and dismiss them! But you're home and you just can't be rude to your friends, even though you know your temp. is going up to 101 degrees, and you won't be able to eat any supper and will probably be too utterly exhausted to sleep at all that night."

Then we find a "Report of Activities" of the Nova Scotia Sanatorium in 1935. Taken from the annual letter of the medical superintendent to the provincial De-

partment of Public Health, it has some interesting figures and facts. For instance, "From October 1, 1934, to November 30, 1935, 610 patients have been treated and 391 patients have been discharged." And this unhappy fact: "We find that fully 85 percent of patients who come to us are in an advanced stage of tuberculosis".

The jokes seemed to be on the short side, so we give you two.

"See that doll over there. I went with her for a time."

"Well, did you have it?"

And this one:

"They say you married her because her aunt left her a fortune."

"That's not true. I'd have married her no matter who left it to her."

THE "GOOD OLD DAYS" OF NURSING

February 16, 1962 issue of "Hospitals" Magazine presented an interesting side-light on "The Good Old Days" of Nursing which related that:

Back in the "good old days", hospital nurses in good standing were given an evening off each week for "courting purposes."

A hospital school of nursing rule book in 1888 stated that any nurse who smoked or had her hair done at a beauty parlor gave the director of nurses good reason for suspecting her moral character.

Nurses in those days were expected, among other duties, to sweep and mop floors, clean chimneys, fetch coal and trim wicks. Their day started at 7 a.m. and they worked until 8 p.m. except on Sunday, when they had time off between noon and 2 p.m.

As an incentive to good behavior and hard work, the rule book provided:

"The nurse who performs her labors, serves her patients and doctors faithfully and without fault for a period of five years will be given an increase of 5 cents a day, providing there are no hospital debts that are outstanding."

—Hospitals,
Journal of American Hospital Administration.

SPRING

Spring has sprung; the grass has riz;
I wonder where the flowers is?

Boids on the wing—ain't that absoid!
I thought the wing was on the boid.

—Anon.

HEALTH RAYS

VOL. 47

MAY, 1966

No. 5

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

Subscription rates ----- \$1.00 per year
15 cents per copy

EDITORIAL COMMENT

If you think you notice the word "nurse" cropping up rather often in this issue, you are quite right—it does. It is that time of year when consideration of nurses and nursing is appropriate for a very special reason: May 12 is the anniversary of the birth of Florence Nightingale, to whom nursing as a profession owes its origin.

Florence Nightingale was not actually the first nurse; that is, she was not the first woman who ever tended the sick. That office of mercy had fallen to the lot of women since time immemorial, but until the mid-nineteenth century it was quite generally thought that beyond natural endowment and experience, no special skills nor training were needed to be a nurse. Florence Nightingale, even before she encountered the horrors of the Crimean War casualties, had other ideas of the role of nurses. She was deeply concerned with the need for some organized training for those who ministered to the sick.

The story of "The Lady with the Lamp" is too familiar to need recounting. Rather, it is the achievements of Florence Nightingale after the Crimean War had ended to which we draw your attention. During the complete retirement enforced upon herself after the war, she produced a huge volume, "Notes on Matters Affecting the Health, Efficiency and Hospital Administration of the British Army", which more or less revolutionized the treatment of private soldiers. Her interest in hospitals and nursing widened, as stated in the Encyclopedia Britannica: "Military hospitals led her to civil hospitals, military nursing to civil nursing, military health to public health. In July 1860, with the sum subscribed as a testimonial, she opened the Nightingale training school for

nurses at St. Thomas' hospital. From this date modern nursing may be said to commence".

One principle upon which Miss Nightingale placed stress has peculiar interest for those engaged in public health work. Florence Nightingale insisted that health nursing is as important as sick nursing, and her book, **Notes on Nursing**, had advanced ideas on the importance of hygiene and sanitation.

NURSING EDUCATORS VISIT SAN.

On April 5, fifteen nursing educators and directors of nursing from Schools of Nursing in Nova Scotia visited the Nova Scotia Sanatorium to discuss with the staff of that institution such matters as the "Tuberculosis Problem Today", "Tuberculosis as a Hospital and Community Problem", "The Physical, Sociological, and Psychological Aspects of the Disease", and the affiliation in Tuberculosis Nursing as conducted at the Nova Scotia Sanatorium. Those visiting the Sanatorium were Miss Jean Church and Mrs. Margaret Bradley, Dalhousie University School of Nursing; Mrs. Van Iderstine and Miss Jean Inglis, Victoria General Hospital; Miss Eleanor Purdy and Mr. J. LeBlanc, Nova Scotia Hospital; Miss Lillian Grady, Halifax Infirmary; Mrs. Margaret Ross and Miss Barbara Scott, Children's Hospital; Miss Ruby Allen and Mrs. Fay Hoare, Aberdeen Hospital; Mrs. Dorothy Allan and Mr. Reginald Wheaton, Yarmouth Hospital; Miss Marilyn Riley and Mrs. Vivian Riley, Payzant Memorial Hospital, Windsor.

If you want to be original be yourself; God never made two people exactly alike.

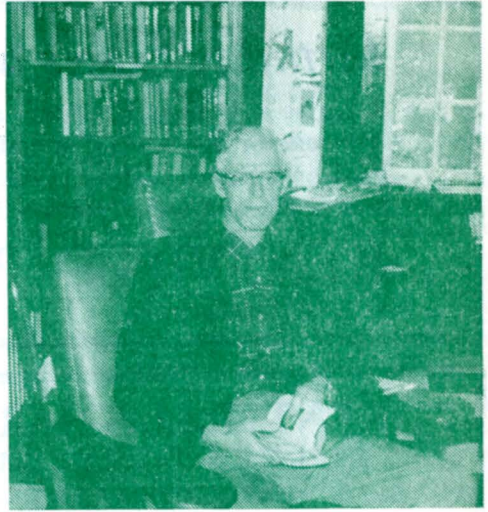
THE NORTHERN LIGHT GLEAMS AGAIN

We welcome the reappearance of **The Northern Light**, a bi-yearly magazine of the Newfoundland Tuberculosis Association, to the slimming ranks of Sanatorium and tuberculosis association publications. In the first issue of the new series the editors give reason for the revival of the magazine:

"It is now nearly ten years since the Newfoundland Tuberculosis Association published the last issue of **The Northern Light**, which was rated as an excellent little magazine dedicated to spreading the gospel of tuberculosis education throughout the Province. It seems most fitting that, in our important Come Home Year, we should once again kindle "**The Northern Light**", so that at least some of the many former Newfoundlanders who will be returning for the first time in many years, will learn that, TB-wise, their homeland is now a much safer place in which to live. The number of deaths from TB in 1944 was 500; in 1965 it was only 11. The number of admissions to our Sanatoria has been reduced from its peak of 647 new admissions in 1955 to 308 in 1965."

While the news and information contained in **The Northern Light** are beamed in the main toward its Newfoundland readers, its spreading rays will serve to enlighten many others beyond the confines of its native province. Such for instance as the capsule discussion of that all too common member of the RD (Respiratory Disease) family, Emphysema, to be found elsewhere in this issue of **Health Rays**. We send greetings, congratulations and our very best wishes for the success of their new journal to editors House and Matthews.

And a long, bright life to you, **Northern Light**.



Many good things await one in the Sanatorium library, not the least of which is the welcoming smile of our genial librarian, Curtis Gaul. Curtis is shown here relaxing in the pleasant reading room of the library, behind which are the stacks containing hundreds of books of all categories. Reference books and many of the current popular magazines are readily available for one's information and pleasure. Why not visit the library soon?

I wish to express my thanks and appreciation to the doctors, nurses and staff for their care and many kindnesses while I was a patient at the Nova Scotia Sanatorium.

Maude Clahane,
New Minas, Kings Co.

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A NURSE'S PRAYER

Because the day that stretches out for me
Is full of busy hours, I come to Thee,
To ask Thee, Lord, that Thou wilt see me
through

The many things that I may have to do.

Help me to sense when pain must have
relief,

Help me to deal with those borne down
by grief,

Help me to take to every patient's room
The Light of Life to brighten up the
gloom.

Help me to bring to every soul in fear
The sure and steadfast thought that Thou
art near,

Help me to live throughout this live-long
day

As one who loves Thee well, dear Lord, I
pray.

And when the day is done, and evening
stars

Shine through the dark above the sunset
bars,

When weary quite, I turn to seek my rest,
Lord, may I truly know I've done my
best.

—Wilda Marcotte, C.N.A.

A 17TH CENTURY PRAYER

O that mine eyes might closed be
To what concerns me not to see;
That deafness might possess mine ear
To what concerns me not to hear;
That truth my tongue might always tie
From ever speaking foolishly;
That no vain thought might ever rest
Or be conceived within my breast;
That by each deed and word and thought
Glory may to my God be brought.
But what are wishes! Lord, mine eye
On Thee is fixed; to Thee I cry!
Wash, Lord, and purify my heart,
And make it clean in every part;
And when 'tis clean, Lord, keep it, too.
For this is more than I can do.

Unknown

DISCONTENT

It is not at all uncommon to find the
greatest discontent among those people
who seem to have the most comforts of
life. Perhaps this is because it is not en-
ough just to have something to live on
To be reasonably content, one must have
something to live for.

Both are necessary to well being and
contentment—something to live on and
something to live for. The something to
live on may be the income from a fortune
wisely invested, a profitable business, a
lucrative profession, a steady job, a mod-
est pension, or the love and gratitude of
loving and considerate children. It may
be adequate for luxury, or just sufficient
to prevent real want. Whatever it is, it is
not enough unless there is also some-
thing to live for.

Every person needs something to live
for which cannot be taken away by the
vicissitudes of life. This may be religious
faith, human ideals, a practical philosophy
—anything that rises above and goes on
beyond one's own selfish interest and de-
sires.

—Exchange

A Christian's RESOLUTION

Let me be a little kinder
Let me be a little blinder
To the faults of those about me;
Let me praise a little more.

Let me be, when I am weary,
Just a little bit more cheery;
Let me serve a little better
Those that I am striving for.

Let me be a little braver
When temptations bid me waver
Let me strive a little harder
To be all that I should be.

Let me be a little meeker
With my brother that is weaker;
Let me think more of my neighbor
And a little less of me.

—Missour: San-o-Zark

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Old Timers



This is the welcoming smile Old Timers can count on seeing when they peep into Anne Marie's sanctum in Medical Section. Or it could be our favorite news girl is dreaming of that big trip coming up in June. More about that next month—we hope. Now on to the news for now.

When John Lawrence of the San records department, attended the meeting of the Nova Scotia Credit Union League in Kentville in March, he met Old Timer Desire D'Eon. Desire, who was here in 1952, is editor of the newspaper **Petit Courier** of West Pubnico, Yarmouth Co. He is deeply interested in the credit union movement, and was elected a director of the League. Also attending the meeting was Joan Pettigrew, as a delegate from Halfway River, Col. Co. Joan was here in 1960.

1948 Old Timer Betty Eddy was here last month to visit her brother-in-law, Meril Dean Eddy. She says that one of her two boys is now married.

When Mary Livingstone, of the San nursing staff, and of course a former patient, was on vacation in her native Cape Breton, she stopped at St. Peters to see Cis and Angus MacAdam. Cis and Angus, who were both here in 1953, and their family of five children are getting along just fine. They love to see any Old Timers who may be passing through St. Peters.

Mr. Barrett, director of Rehabilitation, reports seeing Bob MacLaren in Bridgewater. Bob, who was here in 1956, is program director for the Bridgewater radio station. And during a visit to Dayspring Municipal Home, Lunenburg Co., Mr. Bar-

rett was pleased to meet Olive Dorey, whom he found happy and keeping busy with her crocheting.

In for a check-up was well-known Old Timer Ivan MacLaughlin, who was here in 1954. Ivan lives at Glenholme, Col. Co., and works with Eastern Transport.

Mrs. Hunter, of the nursing staff, told Anne Marie that Maynard Rector, who left here in 1954, and has since become a minister of the United Church, was recently an exchange preacher at St. Andrew's Wesley United Church in Springhill.

Marguerite MacLeod of the Rehab staff, had a letter from Anne LeBlanc, Grosse Coques, Digby Co. Anne, who was here in 1960, takes an active interest in community affairs, and also manages to do her favorite fancywork. And Beulah Trask, of the San switchboard, heard from Mora McCuspic, now Mrs. Hooper of Sydney River, C.B., Mora, who was a patient and later physiotherapy Technician here, is proud of her two-year old adopted son, Joey. She asked to be remembered to old friends at the San. More news from Beulah—she tells of a visit to the home of Earl and Bunny (MacKay) Mullock in Pleasantville, Lunen. Co. Both are well, and Earl is busy getting his garden ready.

THIS HALF PAGE IS WITH THE
COMPLIMENTS OF

Don Chase, Ltd.

Mrs. Evelyn LeBlanc, a 1964 patient, visited here in April. She was looking well, and she says that is how she feels, too.

Other interesting visitors here last month were William Stalker and his son Bobbie of Barney's River, Pictou Co., both of whom were patients here in 1961. Bobbie, now aged 12, is in Grade 7, but does not confine his activities to school work alone. He keeps up his interest in music, and during the Music Festival in New Glasgow he received the excellent mark of 78 in piano. He also keeps his fingers nimble on the typewriter, even doing typing for his teacher at times. (And we bet she'd rather have help like that than an apple any day). Bobbie was busy during his visit here trying to see all his old friends, especially among the nurses. Mr. Stalker keeps well, too.

When Gerald Livingstone came for his check-up he dropped in to renew his subscription to **Health Rays**. He nows works

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for the government at Canso, and is a one-man promotion bureau for that lovely bit of Guysborough county. Of his health, he says he couldn't be feeling better. Gerald was here in 1957.

We note a change of address for Old Timers Harold and Phoebe (Wellwood) MacKinnon. They live at the same place, but their address is now: Box 295, R.R. #2, East Saugatck, Illinois. Phoebe and Harold were patients here back in 1950, then staff members, Phoebe with the Rehab. Department and Harold on the Nursing staff.

Anne Marie tells us she had a letter from her former office mate, Chloris Mahar, and that Chloris is working in the records department of St. Joseph's hospital, Hamilton, Ontario.

We were happy to have a visit last month from Mr. and Mrs. Cecil Kennedy, Halifax. Mr. Kennedy will be remembered as Director of Rehabilitation and then briefly, Administrative Assistant at the San. Of course before that he had been a patient, and also editor of **Health Rays**. Now as administration of the Hospital Commission, he had been to a conference in Boston, and while there he had run into Old Timer Frances Carr. Fran was a patient here in 1948, then was the first Sanatorium physiotherapist. After leaving here she took a degree in occupational therapy at Tufts college, Boston, and remained on the staff there for ten years. Six months ago she became head occupational therapist at Boston State Hospital.

In closing we are pleased to give news and greetings from 1953 Old Timer Matilda Burke, who says she looks forward to receiving **Health Rays** each month as she sees many familiar names, especially on the Old Timers page. She is at home in Cannes, Richmond Co., and getting along very well. She wishes to be remembered to anyone who remembers her.

Little June May came running to her grandmother holding a dry pressed leaf which was evidently a relic of days long ago.

"I found it in the big Bible, grandma," she cried excitedly. "Do you s'pose it belonged to Eve?"

It's much better to sit tight than to attempt to drive in that condition.

Mrs. Jones: "When Henry and I were on our honeymoon, he got off at one station to buy some magazines and missed the train. I was simply heartbroken."

Mrs. Smith: "I can understand why. Imagine having nothing to read!"

BEAUTY COLUMN

By Ann Wills

The Value of Regular Hair Brushing

It is my firm belief that the secret of healthy hair is brushing. It is important to the health as well as the hygiene of your hair to treat it to regular, vigorous brushing. Brushing removes dust and soot from the hair, distributes oil from the scalp out to the ends, giving the hair a beautiful gloss. It also loosens dandruff. This is why brushing the hair, especially before shampooing, is so important and should be a part of our regular beauty routine.

It is well to know the proper procedure for brushing the hair. Begin by dropping the head forward and brushing up from the nape of the neck. This increases the flow of blood to the scalp. Then raise your head and brush hair back from the face. And remember that the one hundred and fifty strokes is by no means an old-fashioned idea.

What to Look for in Buying a Hairbrush

When you are planning on buying a new hairbrush make sure you are buying a brush that suits your type of hair. If you are in the fine hair bracket, buy a soft brush. Or maybe your hair is the heavy, coarse type; then look for a good quality stiff brush. For the in-between hair, natural boar bristles are preferable.

A good quality hairbrush will give long service, so pay a bit more when buying a brush. A poor quality brush will do nothing to improve the hair or scalp. When you do purchase a new brush, use it as often as you brush your teeth—while watching a TV. program is ideal. At least ten minutes a day should be devoted to this important beauty procedure.

So, girls, brush beauty into your hair and see for yourself the results—beautiful glossy hair, lively and full of bounce. So—happy brushing and lovely hair.

Next month: The problem of dry hair.

You inherit mom and pop,
Your uncles, aunts, and nieces,
You are the one who picks your friends
So don't pick them to pieces!

Gretchen Niesen, twelve (of Frankfurt, Germany), who won a tour to the United States for her composition on democracy, was asked to write a composition about her trip on her return home. Her composition began: "America is such a large country that it would have been impossible for Columbus not to discover it."

—Women's News Service.

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FOND MEMORIES

As I sit here now, with nothing much to do,

My thoughts turn back to the San,
and strangely to you,
And I wonder why this era in my life I
cannot forget,
For after all this time I remember
all of you yet.

I think of that day when I first arrived,
And was given a room on The West
2nd floor,

And I wondered weeks afterwards how I
survived,
For so many things were uncertain
while on the "cure".

I think of that whole new life, how I had
to adjust;

How instead of the routines I had
been used to before,
I had to accept their decisions, in them
put my trust,

Else the penalty could be to jeopardize
my health more.

I think of fine summer days, when inside
I was confined,

Because the doctor decided my case
warranted only **One Full**;
How my porchmates had felt, when they
left me behind
To take the cure, as they had, and
if necessary the drapes pull.

I think of S.A.N. Request programs, and
the fun that I had;

How I patiently waited for the hour
when it would begin;
And of the "P.S." notes, that caused some
to get mad—

Only now do I realize that perhaps
it had been a sin.

I think of my spirits, how they had risen
when placed on **Two**,

For you who have "cured" know that
meagre as it may be,
How good to replace pyjamas and slippers
with clothes and shoe,
And start life anew, making friends
with those one knew only to see.

I think, too, of all the nice Staff people I
have met,

The doctors, nurses, maids orderlies,
rehab., post office and store;
And how many a time in the barber shop
I had sat,

Taking a rest, and talking to friends
who had taken the cure before.

I think of the early Fall, when I had been
put on **Three**,

How at first my walks were so lonely,
and my thoughts far away,

But later, how through rain and snow
my San friends walked with me
Along the roads, and how we tried
to be so carefree and gay.

I think of that day, when my stay had
come to its end,

And how glad I had been knowing
my "Blue Book" was due;
How I had visited all my friends, and any
misgivings tried to mend,
With sadness of heart for those I left
behind the "cure" to pursue.

I think of and remember well many of
those "curing days",

And especially of you, the many
friends that I had made,
Of their jobs, actions and so much of
their ways,

And I pray that the day never comes
for these memories to fade.

Thomas H. Isnor,
Halifax, N.S.

APRIL CARD PARTY

It was men's night again when the
patients dining room was the scene of a
card party April 20. The men of St. Paul
and St. Stephen United Church, Kentville,
were the hosts, and a number of them,
including president Chester Reese, Rev.
K. G. Sullivan, minister of the church,
and, of course, our San. chaplain, Dr. J. D.
MacLeod, were on hand to greet the
party-goers. Bob Middleton, who keeps
the San. a beauty spot through Spring,
Summer and Fall, was also a hardworking
member of the men's committee.

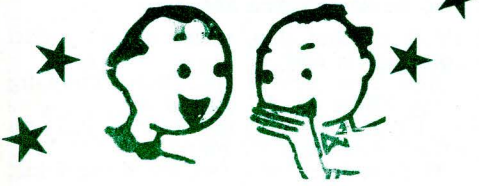
Esther Blaxall and Audrie Eisen, San.
hostesses for the evening, extended a cordial
welcome and grateful thanks on behalf
of the patients. Mr. Barrett represented
the Rehab. Department.

Prizes were won for card playing and
for other good and sufficient reasons by
the following: Checkers: Mrs. Etta Moulton;
Cribbage; High, Mrs. Thelma Amon;
low Merrill Oickle. Crokinole: Mrs. Mary
Scobie. Forty-Fives: High, Claire Keefe
and James Ogden; Low, Mildred MacLean
and Curtis Gaul. Lucky Chair: Mary
Scobie. Mary Doucette and May Carter
were awarded prizes for party attendance,
Clayton Penney for "his gorgeous beard",
and Sharon d'Entremont for having a
birthday the closest to Easter.

Delicious refreshments were supplied
by the hosts and served by the San. Dietary
staff.

A good many men still think of their
wives as they do their religion—neglected
but always there.

Just Jesting



A little boy boarded the street car wearing long pants. The conductor charged him a full fare. At the next stop a little boy boarded the street car wearing short pants—half fare. Next stop a young lady entered the street car and the conductor collected no fare.—No! No! She had a transfer.

Too True

Psychiatrist to office nure: "Just say we're terribly busy! Don't say 'It's a mad-house'."

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LIMITED

One reason experience is such a good teacher is that she doesn't allow any drop-outs.

In A Tank, No Doubt

Did you hear about the two tigers who met in the jungle? One tiger said to the other, "Where the heck you been? You smell like gasoline."

Fresh Out Of Listeners

The teacher had impressed on her pupils the importance of knowing the meaning of new words. At home that night a child heard the word "extinct" on a television program and asked her mother what it meant.

"Well, it's like this," Mother replied, "if all the people in the world disappeared, you could say the human race is extinct".

The youngster thought for a minute and then asked, "But who would I say it to?"

A tired-looking man dragged himself through his front door and slumped into a chair. "Busy day at the office, dear?", his wife asked sympathetically. "Terrible", he sighed. "The computer broke down in the middle of the afternoon and we all had to think."

Dressed For The Occasion, Too

The clanging noise made by the garbage collectors aroused the family. The housewife suddenly remembered she had forgotten to put out the garbage. With her hair in curlers and her face shiny with various creams she sleepily leaned out the window and called to the collectors,

"Am I too late for the garbage?"

"Certainly not," replied the collector, "hop right in."

Enough's Enough

The mother of a large family was explaining to me why she dresses her children alike, right down to the youngest baby. "When we had just four children, I dressed them alike so that we wouldn't lose any of them. Now," she added, looking round at her brood of nine, "I dress them alike so we won't pick up any that don't belong to us."

A wife is a woman who sticks with her husband thru all the trouble he wouldn't have if he hadn't married her.

Poor Frames, Too

A wealthy oilman returning from Europe was asked by an artistic friend if he had picked up a Van Gogh or a Picasso. "Nope," said the traveller. "All those foreign jobs have the steering wheel on the wrong side and besides I already have seven cars."

Planned Obsolescence, No Doubt

The old farmer's grandson wanted to go to college so he could specialize in obstetrics, but Grandpap was again' it. "Why, sure as shootin'," said the old man, "he'll spend all that time learnin' all about how to treat that there obstetrics—and then somebody'll find a cure!"

A successful prizefighter named his son Dorothy.

"I want him to be a top prizefighter," he explained, "and with a name like that he's bound to get a lot of early experience."

A woman led her husband into a psychiatrist's office and said: "My husband is suffering from a delusion that he's a parking meter. Won't you please help him?"

The psychiatrist looked at the man, then said to him: "I'll try to help you, but first you'll have to answer a few questions."

"Don't be silly doctor," replied the wife. "How do you expect him to talk with all those dimes in his mouth?"

Paradise Lost

When the white man discovered this country the Indians were running it. There were no taxes, there was no debt; the women did all the work. And the white man thought they could improve a system like that!

* * * *

"Why does it take three of you guys to change a burnt out light bulb?" asked the foreman.

"Well," retorted one, "Jim holds the bulb, while Frank an I turn the ladder."

* * * *

The prosecuting attorney was having trouble with a somewhat difficult witness. Finally he asked the man whether he was acquainted with any of the men on the jury.

"Yes, sir," announced the witness, "more than half of them."

"Are you willing to swear that you know more than half of them?" demanded the lawyer.

"Why, if it comes to that, I'm willing to swear that I know more than all of them put together!"

* * * *

One woman to another: "I won't go into all the details. In fact, I've already told you more about it than I heard myself."

* * * *

Letter, in toto, from a young lad doing time at a New England Academy:

Dear Ma:

I have to write a letter.

Love
Fred.

* * * *

If you can't think of a snappy retort, a carelessly concealed yawn is often just as good.

* * * *
* * * *

Commercial traveler: One who goes to the refrigerator during the sponsor's message.

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Popular Mathematics

A drunk was sitting at a bar busily scribbling figures on some paper. The bartender was curious and asked what he was doing.

"Well, itsh like thish," said the lush, "My wife ish on a diet and she tol' me she'sh losing four pounds a week."

"So?" queried the bartender.

"If my figures are correct," explained the drunk, wetting his pencil, "I'll be rid of her completely in 23 months!"

Little boy to his mother after returning from a ride to the grocery store with his father: "We passed two idiots, three morons, four damnfools, and I don't know how many knotheads."

His new patient's lengthy list of aches and pains made the doctor suspect that he was dealing with a hypochondriac. Nevertheless he prescribed pills to be taken regularly.

A week later the patient was back—all smiles, "Those pills," he explained, "they're wonderful. I feel like a new man." "Those pills," said the doctor, deciding to be frank with the man, "are nothing but little balls of bread." "Good heavens," said the patient, turning pale. "White or whole wheat?"

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