

NOVA SCOTIA SANATORIUM

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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>
Pentecostal—Minister	<i>Rev. C. N. Slauenwhite</i>
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.

Christmas Greetings From The Minister of Public Health

A Merry Christmas and a Happy New Year to all the patients at the Nova Scotia Sanatorium.

At this Season of good will to men, it is my sincere hope that the care and attention being given you by the devoted staff at the Sanatorium will be rewarded by recovery for each of you in the coming year.

Richard A. Donahoe
Minister of Public Health

Christmas Message From The Medical Superintendent

"To us a Child is born,
To us a Son is given."

One of the blessings of Christmastime is that it draws people closer together. So often it is only at Christmas that one hears from many of one's friends and, in like manner, one gives a special thought to each as we write our Christmas cards.

Dear friends and loved ones seem nearer and sentiments seem warmer at this season of the year. So, too, it is more distressing to be absent from home than at any other time.

Again this year, thousands of Canadians will not be with their families for Christmas. They may be in our armed services, our diplomatic corps, among our overseas scholars. They may just live too far away to come home or they may not yet be well enough to permit travel or warrant being out of hospital or sanatorium.

For them, next Christmas will have to be the big one—the one worth waiting for—the one even worth taking pills or having surgery for.

To each patient and staff member my wish is for a very merry Christmas filled with contentment and may the New Year hold only good things in store for each of you—good health, good friends, good fortune.

J. E. Hiltz, M.D.

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



November was the month the lights came on at the Sanatorium. At least, the new street lighting system with its underground wiring was installed. It is always a worry whether or not what is planned will be as good in actuality as it was on paper. This time it seems that it is. Indeed, the tall standards with their mercury vapour lights fit into the

background rather well and certainly our main thoroughfare is now well lighted. No longer will it be necessary to ask the nightwatchman to walk staff members off the grounds on their way off duty at night.

By the time that this is read our patients will be eating in their new dining room which has accommodation for sixty-four patients. Service is cafeteria style.

The draperies, the bright blue upholstery of the chairs and the attractive new tables create a very cheerful setting which it is hoped will be enjoyed by all who are on enough "exercise" to be up for all three meals. This will mean three hours each day away from hospital floors and should provide an opportunity for pleasant socializing. Surely appetites will increase and food costs will go up but it is all in a good cause.

Some persons may have wondered why a large trench was being dug from the East Infirmary to the Recreation Building. The truth of the matter is that the long steam line extending from our Power House to the Rec. Hall finally gave up and broke out in holes in numerous places. Rather than replace it with about five hundred feet of expensive steam pipes

through the pine grove and under the parking lot, it was decided to tie it in with the steam lines in the East Infirmary. At the same time, the power lines, the telephone line, the fire alarm system and Radio Station SAN wires were run underground in the same tunnel. There will no longer be any need for the power poles which come down the hill from Exhibition Street to the back of the Recreation Building. Most of us would prefer to look at a tree rather than a telephone pole any time so this is a further step toward improving the appearance of our grounds as well as meeting a technical need.

One reads of Red Feather campaigns and Community Chest Drives but perhaps few people realize that there is a Nova Scotia Sanatorium Combined Charities Fund. Contributions are received into it as cash donations or by payroll deductions each payday over the entire year on a **voluntary** basis. Receipts are given to the donors for income tax purposes. At year end, the Fund is divided up among the different charities which hold campaigns throughout the Province according to a proportional formula worked out by a special committee of the staff. In this way some \$2000 is contributed to worthy voluntary agencies by those who work at the Sanatorium. It is now completing its fourth year of successful operation; successful because it raises money for worthwhile causes, successful because it permits everyone who wishes to make his or her contribution, large or small according to ability and desire to help others and successful because it requires only one campaign each year instead of the fifteen or twenty we used to carry out here.

MERRY CHRISTMAS to all from us mice in the Cracker Barrel.

A CHRISTMAS PRAYER

Grant us, O Lord, the strength to pray
 For gifts that will not pass away;
 Courage to face the common task,
 For faith and hope, dear Lord, we ask.
 Grant that a world of strife and pain
 May turn to Bethlehem again.
 To hear the song the angels sing;
 Remembering—
 Remembering.

—Margaret Complin

What shall I give Him, poor as I am?
If I were a shepherd, I would bring a
lamb.

If I were a wise man, I would do my part.
What shall I give Him? I'll give my heart.

—Christina Rossetti.

YOUR LITTLE CANDLE

When Christmas stars are shining on
snow-fields calm and white,
Then burn your tiny candle, and by its
friendly light

Ask someone for the story of that first
Christmas night.

And as they tell the story of shepherds
and the star

That led the wandering Wise Men across
the night afar,

Perhaps your little candle, just like the
star a gleam,

Will bring your heart glad tidings until
you almost seem

To see lowly stable, the mother sweet
and mild.

You, too, may wish for treasures to give
the Holy Child.

Well, you have golden treasures to give
Him everyday—

The love you show for others, each friend-
ly word you say,

Is just the gift for Christmas shown in a
different way.

—Author Unknown

THE CAROLLERS

The carols I have sometimes said,
Are too much with us, daily blared
About the streets and trumpeted
Upon the airwaves. I've declared
My surfeit; yet tonight I stand
Beside the window, listening,
While in the street an earnest band
Of bundled children bravely sing.

The threadbare carols rise anew
From youthful throats imperfectly
Attuned, and yet I listen to
This gladly, for it seems to me
This carolling must touch the hem
Of Christmas. How their faces shine!
Then, too, the smallest one of them,
Singing a bit off key, is mine.

—Valley Echo

Three camels, bending weary knee,
On Bethlehem's snow found Holy Three,
And dropped their loads, content and
free.

So is it, when in friendship's quest
For flawless love and peace and rest,
We kneel to cradled Christ, the Blest.

Franklyn Hoyt Miller

Heap on more wood!—the wind is chill,
But let it whistle as it will,
We'll keep our Christmas merry still.

—Sir Walter Scott



"The Chipmunks", stars in the Hallowe'en Variety Show, with Al Williamson of CKEN, M.C. of the show. L. to R.—Linda Smith, Al Williamson, Janet Hamm and Irene Spidle.

Cancer Of The Lung

J.J. Quinlan, M.D.

Surgeon, Nova Scotia Sanatorium

Fifty years ago, cancer of the lung was a medical curiosity as evidenced by the fact that in 1912 Adler reviewed the entire literature on the subject, and found that a total of only 375 cases had been reported. Today, primary cancer of the lung accounts for 10 per cent of all malignant tumours. The incidence in the male sex is even more striking, as 20 per cent of primary cancers in man occur in the lungs. It used to be argued that this increase in incidence was for the most part due to better diagnostic facilities and to the fact that more people were living to enter into the so-called cancer age group. These factors undoubtedly account for some of the increase but most students of the problem agree that the disease is occurring far more frequently today than it did 50 years ago. In both Canada and the United States, deaths certified as due to cancer of the lung in 1962 were ten times the figure of 1932.

The tumour was first described by Laennec in 1805 and again more completely by him in 1819. However, as early as the 16th century, a fatal disease of the lungs was known to occur in a high percentage of men working in the mines of Schneeberg, Germany, and of Joachinstahl, Czechoslovakia. The nature of this disease was obscure until, in 1879, it was identified as cancer of the lung and was found to be responsible for 75 per cent of the deaths in miners in these areas.

Following Adler's review of the subject, criteria for diagnosis were established by Weller in 1913. Bronchoscopic examination with biopsy popularized by Chevalier Jackson in the early 1920s was responsible for the finding of many cases before death. A most significant step in treatment was the first successful pneumonectomy for carcinoma of the lung carried out by Everts Graham in 1933. In the years since then, the introduction of newer methods for diagnosis and the refinement of older ones, together with the absolute increase in incidence, has made the discovery of primary cancer of the lung a common occurrence.

As with malignant disease in the rest of the body, the cause of cancer of the lung is still obscure. Recently, however, a great deal of evidence has been accumulated regarding the role of various factors in the etiology of the disease. Four hundred years ago, cancer of the

lung apparently was quite common in the Schneeberg miners after about 20 years' exposure in an environment where the air contained a high percentage of arsenic, cobalt, and radio-active substances. An increased incidence of lung cancer exists in chromate workers in the United States and Europe, and it is common among workers in the nickel industry in England and Norway. In 1950, Wynder and Graham in the United States, and in 1952, Doll and Hill in England, found that cancer of the lung was far commoner among heavy cigarette smokers than among nonsmokers, and these observations have been well substantiated by numerous surveys during the past 14 years. It is found that there is one case of lung cancer in 800 nonsmokers, compared to one case in 23 heavy cigarette smokers who have smoked for more than 30 years. Cancer of the lung is less common in cigar and pipe smokers than it is in cigarette smokers, but it still occurs more frequently than among abstainers.

It is generally accepted that the condition is much more common in cities than it is in rural areas. This has been commented on by Stocks of England in the following vein: "Either smokiness of the atmosphere is an important factor of itself in producing lung cancer, or sunshine is an important factor in preventing its incidence". He showed that there is a marked fall in death rate in relation to the hours of sunshine recorded and, when 20 large boroughs were divided into three groups by their main annual sunshine hours, the lung cancer mortality ratios were as follows:

Hours Sunshine	
1,150	
1,150 to 1,400	
over 1,400	
Cancer Mortality	
	152
	100
	58

Summarizing the evidence, therefore, it may be stated that the strongest case can be made for cigarette smoking as a cause of lung cancer but that its etiology, as in other cancers, is a multi-factored equation.

The great majority of lung cancers originate within this organ, but the lung is also a common site for cancerous growths spread from other parts of the

body. Of those cancers which begin in the lung, 98 per cent are made up of a type which we call bronchogenic carcinoma. The tumours originating from other parts of the body most commonly are spread from the stomach and bowel, the breast, the prostate, and the kidney.

The commonest type of lung cancer, the bronchogenic carcinoma is made up of roughly four types. About 75 per cent of them occur almost exclusively in males, and their occurrence is strongly related to heavy cigarette smoking. The remaining primary cancers occur just as often in females as in the male sex, and do not appear to have any relationship to tobacco.

The symptoms of lung cancer will depend on the location of the growth. There is unquestionably a long, silent period between the inception of the cancer and the appearance of symptoms. It is during this interval, by routine X-ray examination of the chest or examination of the sputum for cancer cells, that we must diagnose cancer of the lung if the results of the surgical treatment are to be improved.

The most common symptom is cough which occurs in 90 percent of the patients with any complaints referable to the lungs. It is usually dry at first, but by the time the patients reach hospital more than half of them are raising sputum. The cigarette cough of the heavy smoker usually becomes much worse when cancer develops. There may be fever associated with the cough due to a complicating pneumonia caused by obstruction of the bronchial tube by the growth. Many patients complain only of vague discomfort in the chest, localized to the side of the cancer, but a few patients have severe pain which usually indicates involvement of the chest wall. Unfortunately, expectoration of blood, the most frightening of all lung symptoms, occurs only in about 6 per cent of cases. Nothing is more apt to arouse both the patient and the physician to action than the coughing up of blood. Wheezing will occur when the bronchus has become partially obstructed by the tumour. In the more advanced cases, there will be loss of weight or hoarseness of the voice due to involvement of the nerves supplying the larynx. In a few individuals, the first indication of cancer of the lung will not appear until it has spread to some other organ.

In the diagnosis of lung cancer, physical examination of the chest may be of little value, but in some cases, particularly when there is a complicating destructive process, the findings may be quite marked. X-ray examination of the chest is of extreme importance and will reveal

some change from normal in 98 per cent of patients with lung cancer. In 86 per cent, the changes are sufficiently characteristic to suggest the diagnosis. A plain film of the chest may be augmented by carrying out planigraphic studies, bronchograms and, in some cases, outlining the blood vessels of the lungs by injecting into them a substance opaque to the X-ray.

About one-third of all primary lung cancers can be seen during bronchoscopy and a definite diagnosis can be made by obtaining a piece of bronchial tissue for examination. In another one-third, there will be very suggestive evidence of the presence of tumour such as narrowing of the bronchi or the presence of bronchial rigidity. Secretions, if present, can be obtained and examined for cancer cells or, if the bronchial tubes are dry, they may be washed out with warm salt water.

Examination of the sputum for cancer cells is very important in the diagnosis of this condition, and these cells can be found in a very high proportion of patients with malignant tumours of the lung.

Other diagnostic measures may be carried out, but if there is any doubt, no time should be lost in opening the chest. At operation, if a definite diagnosis has not been made previously, it can now be established and surgical removal of the tumour undertaken, if this is possible.

The only effective treatment is surgical removal of the cancer either by pneumonectomy or lobectomy, depending on the location of the tumour in the lung. In some individuals, X-ray treatment may be done following resection to make an eventual cure more certain. When it has been impossible to remove the tumour because of its extent, the X-ray will frequently serve to delay its progress and to alleviate the distressing symptoms. Some relief may be afforded by some of the newer cancer drugs.

At the Nova Scotia Sanatorium, in the past 25 years there was a total of 100 individuals who were found to have some form of lung cancer. There were 71 male and 29 female patients. The youngest was 8, and the oldest 79. Only ten were under the age of 40, and 79 per cent were in the 40 to 60 age range. Seventy-nine per cent of the patients had the common bronchogenic carcinoma referred to previously. Of the 79 individuals with the primary bronchogenic carcinoma, 57 had the common type. In this group there was only one female. Of the remaining 22 patients with primary bronchogenic carcinoma, 12 were men and 10 were women.

During the past seven years the smok-

ing habits of 61 patients have been investigated. This is too small a series from which to draw any relevant conclusions, but the findings may be of some interest. First of all, let us consider the relationship between smoking and the cancer in the male patient, with particular reference to the commonest type of primary bronchogenic carcinomas. The smoking habits of 36 of the 57 patients have been enquired into, and it was found that 24 were heavy smokers, 8 were moderate smokers, one was a light smoker, one smoked a pipe, and only one did not smoke at all. Fifty-two of these 57 patients were men.

The results of treatment of cancer of the lung are not at all good. Undoubtedly, a late diagnosis plays a large part in the poor outlook. However, much can be done to improve the results of treatment of this very serious disease. Firstly, there is the matter of prevention. Ninety per cent of malignant tumours are bronchogenic carcinomas and, in 75 per cent of these, there is an overwhelming statistical link with prolonged cigarette smoking. Undoubtedly, there are other factors at work in the development of these cancers, but here is one about which something can be done and therefore the greatest effort should be directed not so much to adults who are already in the cancer age, but to teenagers who are just beginning to take up smoking. As can well be imagined, it is extremely difficult to convince this group that smoking is a dangerous habit, particularly when they hear that it is going to take 20 to 30 years for some of them to develop cancer of the lung.

Secondly, if one is going to get cancer of the lung, the prospects of a cure are greatly enhanced if it is diagnosed in a very early stage in the relatively long silent period before any symptoms appear. Today, we have two very simple but very effective diagnostic tools—the X-ray of the chest and examination of the sputum for cancer cells. Every adult, particularly a male over the age of 40, should have a chest X-ray examination at least once a year or, better still, every six months although the latter may not be too practical. In some centres, a cytological examination of the sputum is being done yearly in asymptomatic individuals and, although this is not practical on a nationwide basis, it may yet be. Malignant cells can be found in secretions from the lung at a very early stage in many cancers.

Even when symptoms are present or have been for many years, it is remarkable and discouraging to find that a large number of patients ignore them. In some cases, the medical profession may be at fault. Some cancer patients present as cases of pneumonia and when the abnormal X-ray shadows do not clear promptly they are labelled as "unresolved" pneumonias and watched for too many months. During this time their cancer is inexorably progressing. In other cases, an abnormality of the chest X-ray film which cannot be diagnosed readily is observed too long to see what will happen, instead of having the patient undergo immediate exploration of the chest. Indeed, there are room and opportunity for improvement in the overall grim picture of lung cancer.



The much loved Panda Bear donated last summer to the Children's Annex by the pupils of Grade Xb, Cornwallis District High School.

Shown with Panda are Paul Hawes and Charlene Ross, both of whom have returned home since the picture was taken.

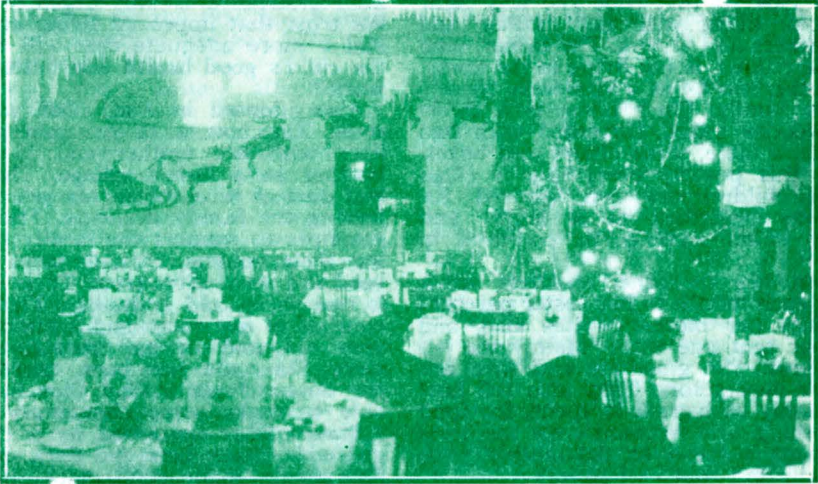
Christmas At The San – 30 Years Ago

Many forces in the name of progress have conspired to change the way of life at the Sanatorium. Perhaps this change is never so apparent as at Christmas time. Happily now the majority of patients are allowed to leave the San. to spend Christmas in their homes. At the same time, this homeward exodus frees many staff members to enjoy Christmas Day with their loved ones. It was not so 30 years ago. Restrictive collapse therapy and hazardous winter travel conditions made the "Christmas pass" something that was handed out to a very fortunate few. It was necessary, therefore, to see to it that Christmas at the San, for the many who must remain, both patients and staff, was a gala occasion. And that it truly was!—as reported in *Health Rays* of 30 years ago:

"Christmas day is 'the day of dand' at the San, but if it is, much more so is

Christmas night 'the night of nights'—for then occurs that Christmas Dinner for which the San. is justly celebrated. Then all those able and allowed, go attired in their best 'bib and tucker' to that gala event. This year the dining room with its soft lights sent out rays of welcome to all who entered its doors. In one corner at the far end of the Hall stood the huge Christmas tree, gaily decorated. In the other corner, placed high up so all could see, was Santa driving his sleigh and reindeers—this was illuminated so that the 'Merry Christmas' written across the scene flashed off and on its bright message to all." And so on, and so on—

It was a beautiful, a happy time! But one can not have progress and at the same time stand still. When the question is how to overcome TB, we'll take progress, thank you.



San. Dining Room, Christmas 1935

THE CHRISTMAS TREE

The whole world is a Christmas tree,
The stars its many candles be,
Oh, sing a carol joyfully,

The world's great feast in keeping
For once, on a December night,
An angel held a candle bright,
And led three wise men by its light
To where a child was sleeping.

—Selected

The latch is on the string tonight,
The hearth fire is aglow,
I seem to hear swift passing feet—
The Christ Child in the snow.

My heart is open wide tonight
For stranger, kith or kin.
I would not bar a single door
Where Love might enter in.

—Kate Douglas Wiggin

Sanatorium Adopted Children

A Progress Report

More than 18 months have gone by since three needy children were adopted by members of the Sanatorium staff under the Foster Parents Plan. It is time for a progress report on these young people, and time indeed that recognition be given the efforts of the forty-eight good angels who support the project.

Under the Foster Parents Plan, whose brochure defines it as: "a government-approved relief organization which is non-sectarian, non-profit, and non-political", its stated purpose being "the care, maintenance, education, training and well-being of children, orphaned and distressed and otherwise made destitute", the sponsoring group agrees to contribute \$16 a month for the support of a particular child. To this child the members of the group are known as "foster parents", and to them the child addresses a monthly letter.

Espana Manjarrez of Ecuador was adopted by her sixteen "foster parents" in June 1964. At that time she was eight years old, living with her mother and five brothers and sisters. The father, who has tuberculosis, is not living in the home. The mother works as a laundress to support the family. Their home is a three-room wooden shack, furnished with two old beds, a table, some chairs and boxes. Despite this poverty everything is clean and the children are well behaved. Espana was described as a bright and friendly child, anxious to continue in school.

Espana, like the other children, sends a letter each month to her foster parents; sometimes her mother writes also, and a brother sent one letter. Mainly the letters express the gratitude and love felt for their benefactors. They also tell how the monthly cash-grant is spent, for food and clothing, and frequently for medicine for Espana because, as the mother says, "she is ill and thin".

Espana herself writes cheerfully, as seen in her letter for March 1965: "Dear Foster Parents, This is to greet you praying God to keep you in good health. This is our time of rain and there are lots of mosquitos but in spite of that we are in good health. The post card and the picture I got made me very happy and I'll tell you that as soon as I saw the picture I knew I had a very nice group of foster parents. In return I'm enclosing a post card of my land, Guayaquil. In the picture I sent you I am with my dog 'Garrincha'. Edison my brother is learning how to talk, but my other brother Jose

is going to first grade. I pray God for you to become a Doctor. I thank you very much for this month's cash-grant for my father is out of job. I will say good bye with a hug. Espana Manjarrez"

Not until September of this year did Espana offer any advice in the matter of gifts. Then she wrote: "I would like you to understand that little girls love dolls, and I would love one." Needless to say a doll that any little girl could love went into Espana's Christmas box.

An official report on Espana one year following her adoption states: "Espana has changed a great deal in appearance and manners since receiving Plan aid, and we can assume that the benefits are due to the support and interest which you have extended to her. She is now in the third grade of public school, but her school work is not very good. It is believed that this is due to her anemia which causes painful headaches, and affects her ability to study properly. Your continued kind assistance is still urgently needed. We trust that improved living conditions and a more adequate diet will result in the child's good health and better school work."

Also adopted in April 1965 was Stavroula Xiarchou, a 12 year old girl who lives with her mother and 10-year old brother in a Greek village. The father had died of tuberculosis six years earlier, leaving the family destitute. The mother attempts to support the family by working their holding, than an acre of vineyard and some olive trees. Their livestock is one sheep and a donkey. Their house consists of one room and a kitchen; it is very old and in bad repair, although since Stavroula has been taken up by the Foster Parents Plan they have been able to make some elementary repairs.

Stavroula is described as a charming girl with glossy hair and dark eyes, who has always made good marks in school. She is honest and hard-working, a sensitive girl with a response to beauty that is a rich gift of nature. This she expresses in her loving care of her small flower garden.

In her monthly letters Stavroula, like Espana, declares her love and gratitude to her foster parents. She also tells how the money donations are spent, and speaks of her progress in school. A sample letter is this, written in March 1965: "Dear and Respected Foster Parents, Good day. First I would like to ask about your good health. We are also well. Lovely and fragrant spring has started with its lovely flowers that spread their aroma every-

where. On March 9th I received 240 dr. (\$8.00). In February I also received your nice and affectionate letter. I thank you very much for the help you offer me. I also get your letters and we are all pleased to hear that you are well. You are my true parents and I can find no way to thank you. You may like to know how I am doing in school and I'll tell you in my letter. I now got my grades and I am failing in one lesson. It is nothing, for I'll try and get the right grade. It will be a little difficult, I'll be a little tired, but I'll get it. You have many greetings from my mother and brother. I kiss you with love, your foster daughter Stravroula Xiarchou."

The third of the Sanatorium foster children is Dimitrios Pierrakos, adopted in June 1965. He, too, lives in a Greek village and is 12 years old. Since his father's death two years ago he lives with his mother, a sister and a brother in two rooms given them rent free by an uncle. The completely inadequate income of the family comes from the mother's work as a seamstress. Dimitrios was described as a lively child, doing fairly well in school, who liked arithmetic and hoped to be an aviator when he grows up. His adoption by the Plan has been a god-send as Dimitrios' life has been one of constant want.

Dimitrios, too, writes affectionate monthly letters to his foster parents, acknowledging cash-grants and gifts. Boy-like, his letters are a little briefer and more restrained than those of the girls. In September 1965 he wrote: "My Respected Foster Parents, "I received the grant of 240 dr. (\$8.00) and thank you very much. Summer is nearing its end, the sea baths stopped and the weather is getting worse every day. I feel very pleased because the schools will start soon. I am much more pleased because I will attend another grade and sit on another bench. I hope this pleases you too because being my foster parents you will feel happy when you will read my letter. You have lots of greetings from my mother and siblings. I kiss you with love, Dimitrios Pierrakos." A postscript was added: "Today we received 2 face towels and 1½ yd. of material and thank you."

It is a heart-warming story of a brighter future for three distant children because forty-eight people at the Nova Scotia Sanatorium, each making a monthly contribution of one dollar to the Foster Parents Plan, obeyed the injunction: "Let a child love you".

Hear about the two little ghosts who drifted into the tavern and asked the bartender, "Do you serve spirits?"

SALE OF HANDCRAFTS

F. G. Barrett, Director of Rehabilitation Over the years, from time to time, the patients have asked that the Rehabilitation Department should provide an outlet for the sale of the articles which they make. It has been pointed out that in many hospitals, there is a showcase in the lobby displaying the patients' handwork from which the goods are sold.

Many patients argue that they cannot avail themselves of the benefits of occupational therapy because they cannot afford the materials which are required. The argument continues: If we (the rehabilitation department) wish them to benefit from this form of treatment then we must also make it possible for them to buy the materials. This business of "make it possible" sometimes seems to mean that we should give the materials to the patients free of charge or, at other times, means, as suggested above, that we should see that there is a market for the goods that the patients manufacture.

I am sure that among other hospitals it would be possible to find examples of many variations of this suggested service. One thing is certain, we are anxious that the patients should be able to avail themselves of the benefits of occupational therapy, but we cannot accept as valid all the arguments which are present as to the extent of our duty to see that patients receive an income—and a profit—from the sale of their articles.

We too have problems: For one thing we know that some persons are able to sell everything they can make and never seem able to keep up with the demand. Again, we know that there would be a great tendency for poor workmen to expect as much "profit" as might be received by an excellent craftsman. When we have considered searching for an external outlet for handcraft articles, we have run into the inescapable fact that our production cannot be carefully controlled, that it varies in amount and varies in quality; all this makes it very difficult to take a contract of any kind.

At one time or another, we have offered an expatient the right to act as an agent on the outside for the sale of patient-manufactured articles. This expatient could not see that it would be worthwhile from his point of view because of the uncertainty of the source of supply.

At Point Edward Hospital they have had a display case in the lobby for some years. However, I am told, that this is not an important outlet for goods manufactured by the patients.

More recently, students taking a post-graduate course as public health nurses

(Continued on page 25)

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EDITORIAL COMMENT

"What is Christmas? It is tenderness for the past, courage for the present, hope for the future. It is a fervent wish that every cup may overflow with blessings rich and eternal, and that every path may lead to peace."

To our subscribers, advertisers, and publishers, to all patients and staff of the Sanatorium, we of **Health Rays** wish much happiness and many blessings for the Christmas season.

For some years now there has been an audible and growing protest against the crass commercialism and pagan-like conviviality of the modern Christmas. From pulpits, in editorial columns, in conversations with friends, there has been a swelling chorus that calls for a halt in the present day materialistic trend. It calls for a truer, saner Christmas, a Christmas that puts Christ first, a Christmas that doesn't dominate one quarter of the calendar year nor bankrupt the physical, nervous and financial resources of entire populations—in short, a Christmas that celebrates the greatest day in our world's history, and just that.

Much as we'd love to see it come out that way, we've just about decided that there isn't a chance that it will. The all-persuasive motives of profit and fun are too strong to be turned back by wishful thinking and wistful talking. So what to do now?

We suggest you consider the adjunct of the modern sage who said: "If you can't lick 'em, join 'em". At the risk of being regarded as heretical and/or week-minded, we submit the thought that this might be the wisest course. By that we

don't mean you should spend as much, whoop it up as much, or go around in crazy circles as much as the current Christmas rat-race often seems to call for. Rather, we hope it may be conceivable to pick the best from two possible worlds. To the mystery and exultation inspired by the wondrous Birth add some heart-warming earthly practices. With taste and discrimination one can select from the December sound and fury called Christmas many good and merry practices that in no way becloud the holy fact of the festival.

Maybe what it boils down to is this, that we concentrate on our own observance of Christmas and worry less about how the next chap does it. Well, it's simpler that way—and anyone can do it.

Ordinarily one does not look for the great Nova Scotian statesman Joseph Howe in the role of spiritual counsellor. We felt, however, that these words of his expressed the true thought of Christmas so clearly and eloquently that the proper place for them was in our Chaplain's Corner.

Discussion Groups Being Held

NURSING NEWS

A series of discussion groups for the patients at the Sanatorium, similar to the "Homelovers Club" which proved popular last year, is being held Monday evenings throughout the winter. The first meeting of the series took place on November 1, when Mr. Ralph Ricketts, executive secretary of the Nova Scotia Tuberculosis Association, led discussion on the subject "Tuberculosis Christmas seals—Where does the money go?"

Appearing below is a list of topics, with the discussion leaders, to be considered at meetings to follow:

Highway Accident Prevention — Constant E. Keough, Highway Patrol RCMP, Kentville.

Love, Marriage and Divorce—Dr. Ralph Townsend, Fundy Mental Health Centre.

Prevention of Mental Illness—Dr. Eric Cleveland, Fundy Mental Health Centre.

Should Sex Education be Given in Schools?—Mrs. J. R. McBride, Wolfville.

Alcoholism—Rev. Raymond MacFarlane, Nova Scotia Temperance Alliance.

Adoptions: Where Do the Children Come from and Where Do They Go? — Mr. D. J. Johnson, Director of Child Welfare, Dept. of Public Health.

Delinquency: Why Is It Increasing?—Judge W. M. Black, Juvenile Court.

Are We All Born Free and Equal?—Rev. W. P. Oliver, Dept. of Education.

Financial Support for Needy Families—Mr. D. J. Coulter, Dept. of Public Welfare.

Also: "Smoking and Health" and "What Makes Life Worth Living", for which discussions leaders have not yet been assigned.

Refreshments are served by various church groups and other organizations under the convensership of devoted friends of the Sanatorium.

Sympathy is extended to Miss Jean Dobson, R.N., on the death of her mother and brother. Miss Dobson who was on leave because of illness of her mother has returned to duty.

Mrs. Edna Doucette, C.N.A. has completed a six months Course as Operating Room Technician. Mrs. Violetta Hunter, C.N.A. is presently on this course.

Mrs. Marjorie Elliott, R.N. and Mr. Allan MacKinnon, C.N.A. have returned from sick leave.

Mrs. Sharon Thompson, R.N., Mrs. Georgina Graves, C.N.A., Mrs. Pat Dorey, C.N.A. and Mrs. Carolyn Mack are relieving on the nursing staff.

Mrs. Marina Reece, R.N. and Miss Sharon Dunn, C.N.A. are welcomed as new staff members.

Mrs. Ceila Best, R.N., is doing specialing in the Recovery Room for p.m. duty.

Miss Clarita Rubica, R.N. has been transferred to Nurse in Charge of the Annex from 3rd East.

Mrs. Alice Levesque, who has for some time been relieving for night duty had the misfortune to be in an accident which resulted in a fractured wrist. Reports are that she will soon be able to return to work.

Mrs. Elsie Tracey, C.N.A. goes on sick leave this month. A blessed event is the reason.

Mrs. Wilda Marcotte, C.N.A., Mrs. Vivan Haggerty, C.N.A. and Mrs. Aileen Folker have resigned from our staff.

Mrs. Maryon Grant, R.N., representing the St. John Ambulance Nursing Division visited the Sanatorium recently.

Letters from Mrs. Irene Spicer, R.N., now living in Spencer's Island say she is enjoying her new home but misses the Sanatorium activities.

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Chaplain's Corner

THE GREAT EXAMPLE

By Joseph Howe

Not quite 2000 years ago, in a small village of Judea, a poor carpenter's wife was blessed with a son, who grew to manhood beneath his reputed father's roof, who wrote nothing which has been preserved, who died young, and who but for four or five years appeared inconspicuously upon the stage of public life.

This divine man so lived, for that short space of time, that by the dignity of his person, the grace and fascination of his manner, the purity and simplicity of his life, the splendour of his eloquence, the novelty of his doctrines, the miraculous power which he displayed, he so alarmed the hierarchs and bigots of his day that they put him to death, to extirpate what they conceived to be a pestilent heresy dangerous to existing institutions.

A few short discourses—one new commandment—some exquisite parables—a few noble bursts of righteous indignation—a fervent prayer here and there—two or three touching lamentations—some simple reproofs—and a few beautiful illustrations of his courtesy to women and children and of his sympathetic consideration for the wants and weaknesses of his fellow men, are all that remain to us of the biography and recorded speech of this poor youth.

Yet every Sabbath, all over the Christian world, millions of people assemble to do honour to this person, to repeat his words, to ponder upon his life and to endeavour

to mould the growing generations by his example. We, in view of the miracles he wrought and of the wisdom of his teaching, acknowledge his divine origin and attributes; but millions who regard him only as a man are yet won to daily and weekly recognition of the holiness of his life, the wisdom of his words, and of the self-sacrificing spirit in which he died for the redemption and security of his fellow-men.

How many emperors, kings, conquerors, tyrants, have lived and died within these two thousand years for whom no festivals are kept, whose example no man quotes, whose wisdom no man ponders! Their mailed figures, as they appear in history, seem to shake the earth, their pride to flout the skies, their policy to cover the globe. Yet there they lie, the best of them, with their marble or bronze hands folded on their stone sarcophagi, looking up to the Heaven they outraged, and challenging from the earth which they devastated but scanty notice or recognition.

From all of which we gather, shutting divinity out of the question, that the world knows and will ever know its benefactors from its oppressors—that the beauty of holiness outlasts mere earthly splendour—that the still small voice of wisdom will go echoing through the hearts of successive generations, whom the hoarse command of authority cannot stir.

A Thought For Christmas

R. G. Ferguson, Former Director
Saskatchewan Anti-Tuberculosis League

"Joy to the Earth, the Lord is come," is the feeling of Christmas. As we approach the joyous season of Christmas, we might profitably reflect on a few things associated with His coming that are seldom thought of.

During His mission on earth, Christ gave a great deal of attention to the sick, healing and blessing whoever was afflicted with disease, and this gentle example has now become one of the principal factors of the Christian faith. One of the outstanding characteristics of Christianity, as compared with other religions, has been its interest in health, wherever it has extended throughout the world. Medical missionaries, health education, medical col-

leges and hospitals have risen side by side with church spires. To the spiritual ecstasy of right-living has been added the joy of physical well-being. When Christ enters, healing flourishes and disease is diminished.

In the wake of Christianity came healing, health, care of the widows, orphans and aged, and kindred activities known as social services. Christians the world over have followed in the way of the Great Master and the joy of physical well-being has been brought to millions of the sick and afflicted.

With the coming of Christmas let us not forget that He came that we "might have life."

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Question Box

J. J. Quinlan, M.D.



Q. How long after meals does one's temperature remain raised?

A. The elevation of temperature after meals is a trivial one, usually amounting to less than one-half degree. It must be remembered that the normal temperature varies somewhat, and may be one-half degree more or one degree

less than 98.6° in perfectly healthy persons. The evening temperature is normally about one degree higher than the morning temperature, and this variation is more noticeable in cases of fever.

Q. What are the symptoms of tuberculosis of the kidney?

A. When the disease is confined to the kidney, the only significant symptom is pain which may be localized over the kidney, or in some cases, may be experienced as renal colic. This latter type is more severe and usually radiates down the side in front of the abdomen into the thigh. If the tuberculosis spreads downwards to the bladder, urinary symptoms may occur. These include frequency of urination with or without pain, and the necessity of having to get up one or more times during the night.

Q. When one has tuberculosis in another part of the body does this retard healing of tuberculosis in the lungs?

A. There is no reason why the presence of extrapulmonary tuberculosis in the body should have any effect on healing of disease in the lungs. On the other hand, bringing the pulmonary disease under control does exert a favorable affect on healing of tuberculous disease in other parts of the body.

Q. Is there any reason why a patient's sputum does not become negative when the cavities are healed?

A. The open cavity revealed by X-ray examination of the chest is only one of several types of tuberculous lung disease that will produce a positive sputum. Even in children who produce no sputum and have no evidence of cavitation in their lungs, tubercle bacilli can be discovered from the gastric contents, the bronchial secretion having been unconsciously swallowed by the child.

Q. Is the usual laboratory test for tuber-

cle bacilli considered sufficient evidence that the patient is in no danger of giving the disease to others?

A. While negative results following repeated examinations of the sputum for tubercle bacilli give a good indication that the disease is inactive, it is only one of the criteria which must be taken into account before stating that a given patient is of no danger to his contacts. Active tuberculous disease may be present even in the face of numerous favorable laboratory reports.

Q. What is atelectasis?

A. Atelectasis is a condition in which the lung, or a portion thereof, has become airless. It is due to complete obstruction of the bronchus. This blockage may be due to a foreign body, thick lung secretions, disease in the bronchus itself such as tuberculosis or tumour, or from pressure from outside the bronchus such as may be produced by enlarged tuberculous glands at the root of the lung, or in some cases of lung cancer.

Q. Anxiously awaiting the report of my sputum examinations for tubercle bacilli, I was told that the cultures were contaminated. What does this mean?

A. The sputum of tuberculosis patients may contain not only the tubercle bacilli but a great variety of other germs. In the laboratory, before the sputum is placed on culture for tubercle bacilli, efforts are made to destroy the secondary organisms, usually with success. However, once in a while a hardy staphylococcus or fungus, or some other organism, is not killed and finds the culture medium so much to its liking that it takes over completely, eliminating any tubercle bacilli that are also trying to grow. In such cases, it is not possible to determine whether or not the sputum is positive for tubercle bacilli on culture.

(Questions from our readers pertaining to their health and treatment are welcomed for the Question Box. Ed.)

It isn't far to Bethlehem town!
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—M. S. Miller

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Old Timers

Not so much news this month, says Anne Marie, Maybe with winter coming on our Old Timers are beginning to hibernate, or something. However, Anne Marie did have some items gathered from hither and yon, which we gladly pass on to our readers.

Mavis Worthylake Murray, who was here in 1950, now lives in Antigonish with her banker husband and their four children. The Murrays are very interested in music, and take part in choral singing in their town. We might mention that Dr. Grant Worthylake, one of the senior medical men in Kentville, is a brother of Mavis.

Doris Thibault, now Mrs. Barr, was visiting here. Doris, who was a patient at the San. in 1957, now lives in Digby and has one son.

When Albert Longueuephy, who has been a member of the San. orderly staff for some years, was on holidays at his old home of L'Ardoise, Cape Breton, he saw a number of Old Timers of his own era. At West L'Ardoise he saw Cecelia Mombourquette, who was here in 1951, and reports she is very well. Also there he saw Mrs. Mary Pottie, a 1963 Old Timer, who is well and doing her own housework. In St. Peters he saw Angus MacAdam, who was here in 1952. He had been the manager of the Credit Union office there, but now sells insurance. And while in St. Peters he met Mrs. Margaret MacAskill, who is employed in Morrison's store there. She was at the San. in 1955.

When Anne Marie was down home on one of her long weekends she, too, saw some Old Timers. Jacqueline Melanson, now Mrs. Blinn, lives at Grosses Coques, Digby Co., where she continues in good health, and "keeps her house spotless", says Anne Marie. She had been here in 1944. A sister, Blanche Melanson, who was here in 1950, now works in Montreal, and

had spent a holiday with Jacqueline this Fall. She, too, keeps well.

When in Yarmouth to do some shopping, Anne Marie met Jim Harding on the street. Jim, who was here in 1959, works on the MV Bluenose, and Anne Marie is happy to report that he looks very well.

Hugh Cook came in from Bible Hill, Truro, for his check-up. After he had left the San. in 1962, Hugh took a course in auctioneering. He set up as a professional auctioneer in the Truro area, and he says he is kept very busy managing auctions now. He is feeling and looking fine.

When on a visit to New Glasgow this Fall we met Mrs. Harry Tait, who told us both she and her husband had been patients at the San. back in 1941. They now live in Linacy, just outside New Glasgow, and Mrs. Tait does some practical nursing.

Among the letters which Mrs. Miller mentioned receiving following the death of Dr. Miller was one from Rev. Peter A. Nearing. Father Nearing is still at the Madonna House, Combermere, Ontario, but is just now relieving for his brother who is on sick leave from St. Anthony's Parish, Glace Bay. Father Nearing, who had been an outstanding patient at the San. for a number of years, concluded his letter with this tribute: "As one living today because of all he (Dr. Miller) gave me, I can see for him an abundance of life, eternal and divine".

Many Old Timers will be interested to know that a former member of the San. nursing staff, Mrs. Inez Putnam, is now retired and living in Bridgewater, N.S.

To finish off this month's news we have an interesting item about an Old Timer of long ago. When we were in Bridgewater last September to attend a wedding, we met Miss Minnie Kaizer, an aunt of the bride. When she learned that

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Dr. Hiltz was the Medical Superintendent of the Nova Scotia Sanatorium; she immediately introduced herself as a former San. patient. She had come to the San. in 1922, and continued on for some years, that being in the days of "home in the summer, back for the winter". Upon recovery of her health, she studied occupational therapy, and served as Occupational Therapist at the Medfield State Hospital in Harding, Mass., for 34 years. She is now retired and makes her home in Westwood, Mass.

THIS HALF PAGE IS WITH THE
COMPLIMENTS OF

Don Chase, Ltd.

Miss Kaizer recalled many happy memories of her days at the San., and she laughed as she recounted the time someone snapped a picture of her and another patient in a very freindly pose, the picture showing up later on the cover of *The X-Ray*, as the Sanatorium magazine was then called. Our curosity was aroused, so we did a little digging among the cuts in a back cupboard of Health Rays office. Sure enough, there it was. And now, here it is—Miss Minnie Kaizer and a friend in "the good old days".



Minnie Kaiser & Friend—1922

Ex-Patient Says Thanks

To the Editor of Health Rays:

Please allow me room in your columns to express my gratitude for the many kindnesses and attentions I have received from the Sanatorium staffs with whom I came in contact.

The medical staff and their aides and technicians. Some of the many nurses of various ranks, training and classes who came and passed on to other wards, other buildings or in some cases to other hospitals. Then we had the dietitians, the kitchen staffs and servers, all of whom did their best for me. My thanks and best wishes to each and every one for success in her work.

We went for walks on the grounds, worked in the Re-hab, or read books from the Library, all of which I enjoyed, thanks to the presiding Genius of each.

But my high-light of activities were the drives arranged by Father Durney. They were delightful. Many thanks to the organizer and the drivers.

I have no words to express the pleasure I received from the beautiful grounds, lawns, trees and last but not least, the

numerous flower beds filled with bloom of every hue and tint. In the Spring we were delighted with tulips; these were later replaced by gorgeous geraniums and cannas. There were many favorite spots, one in particular was the bank by the road between the Annex and the West Infirmary.

My thanks to each and every one who worked or assisted on the grounds or in gardening; the results were inspiring.

With thanks to yourself, I am, Sincerely yours,

Mabel C. Moselev,
S.S. #1, Site 14, Bedford, N.S.

Go Ahead, Shiver. It Warms You

Don't hesitate to shiver when it's cold. Violent shivering can result in a three to fourfold increase in body heat production, according to Robert E. Smith, Ph.D., department of physiology, University of California, Los Angeles. Dr. Smith said shivering was a "major defense" against body cooling from cold exposure. He also said shivering is a more "economical producer of heat than exercise because shivering involves no external work function."

—Health

Just Jesting



A rugged Texan dripping with oil and Cadillacs, walked into an exclusive art gallery in New York with his nagging wife. In 15 minutes flat the Texan bought six Picassos, three Renoirs, 10 Cezannes and 30 Utrillos. He then turned to his wife and with a sigh of relief said, "There, honey chile, that takes care of the Christmas cards. Now let's get started on the serious shopping."

One of my neighbors says the reason she's always sorry when Christmas is over is because she knows that after her family has hung up their stockings on Christmas Eve it will be a whole year before any one of them hangs up anything again.

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Now, with Christmas not too far in the offing, there comes to mind the story of the well-known Hollywood star who was going to New York to play the lead in a theatrical play. Just before they left in mid-October the star's wife told friend's:

"We'll be so busy in New York that I bought all my friends Christmas presents this week."

One of the friends, a prominent movie actress, stared unbelievably and said: "But my dear, how do you know who your friends will be by Christmas?"

In a large department store during the Christmas rush, an elderly lady, little boy and his mother entered an elevator.

"I suppose you are going to see Santa Claus, young man," remarked the operator.

"Oh, no," was the quick response, "we are just taking grandma to the bathroom."

A drunk, hauled into the police station, indignantly shouted: "What was I brought in here for?"

"For drinking," the policemen explained.

"Okay," said the drunk, "When do we start?"

Wife: Don't be so impolite. You've yawned five times while I was talking.

Husband: I wasn't yawning—I was trying to say something.

"I feel so bad, doc," said the patient, "that sometimes I think of making an end of it all."

"Now, now," soothed the doctor, "You just leave that to me."

At the height of the tourist season last year, a huge Texan strode up to the desk of one of Miami Beach's most expensive hotels. He was followed by a caravan of bellhops, all of whom were carrying; snowshoes, skis, ice skates, and other northern winter sports gear.

The perplexed clerk looked over the entourage and then said to the new guest: "Sorry to have to tell you this, sir, but we **never** have snow here in Miami!"

"That's okay, son," boomed the Texan. "It's coming with the rest of my luggage!"

"Whenever my wife needs money she calls me handsome."

"Handsome?"

"Yes, hand some over.!"

Lady (to fellow with one leg)—Why, you poor thing, You've lost your leg.

Young fellow (looking down)—Well darned if I ain't!

Patient: "I'm so full of penicillin that if I sneeze I'll cure somebody."

In a restaurant near McGill University, a refugee professor, speaking English with that acquired precision which so often shames the native-born ordered "Figs and cream." The waitress brought a dish covered with cream.

"I ordered figs **and** cream," the professor protested.

"There they are," she retorted.

"But this is figs with cream," he persisted.

"But I don't see . . ." she began bewildered.

"Madam," said the professor, "would you say a woman and child were the same as a woman with child?"

A railroad agent in India had been raked over the coals by his superiors for acting without orders from headquarters. One day his boss was handed this startling telegram: "Tiger on platform eating conductor. Wire instructions."

Canvasser, stopping man on the street: "Would you give ten cents to help the Old Ladies' Home?"

Man: "What! Are they out again?"

Sale of Handcrafts (Continued)

visited the Sanatorium for special instruction concerning tuberculosis. These girls drew to our attention the desirability of having a better outlet for the sale of our handcraft articles and suggested that they should be sold in the Sanatorium Canteen because it is operated for the benefit of the patients. We explained how this possibility had been suggested previously and how it had never seemed quite feasible. Nevertheless, the outcome was that we once again explored the possibility and decided to give it a try.

Now you will find in the Canteen a Showcase for handcraft articles made by the patients. If you wish to use this outlet, Miss MacIvor, the manager of the canteen, will accept your goods on consignment. She will not buy them from you but she will sell them for you if she can. You should understand that in order to make a small profit, she will ask a price somewhat in advance of what you expect to receive. Miss MacIvor will, of

course, have the option of accepting or refusing articles on the basis of quality, workmanship, and saleability. You may make these arrangements with Miss MacIvor personally or, if you wish, the Rehabilitation Staff will do this for you.

We in the Rehabilitation Department hope that this attempt to make the pursuit of handcrafts more attractive to you will result in a greater amount of activity which we hope will in the end be "therapeutic".

A woman going to a cattlemen's convention decided to wear something unusual on the trip, so she made herself a blouse and embroidered it with every cattle brand she knew of.

In the hotel she noticed two old cattlemen giving her blouse the once-over.

Finally one of them remarked in a voice that could be heard all over the room, "That critter has sure changed hands a lot."

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James Ward MacCallum, Pictou Island, Pictou Co.; Sharon d'Entremont, Lower West Pubnico, Yar. Co.; Rufus Charles Huntley, Woodworth Road, Kentville; Mrs. Anne Mira Woodbury, Bridge St., Kingston, Kings Co.; Esther Marion Blaxall, 2381 Moran St., Halifax; Merrell Lawrence Oickle, R.R. #1, Port Dufferin, Beaver Harbour, Hfx. Co.; Mrs. Florence Longley, Dimock, 51 Victoria St., Middleton; James Henry MacDonald, 2518 Göttingen St., Halifax; Amos Claude Sexton, 243 MacLean St., Stellarton; Mrs. Margaret Catherine Beer, 87 Church St., Pictou; Mrs. Hazel Lula Duran, Weymouth, R. R. #1, Digby Co.; Mrs. Frances Iona Whynot, Stanley, Hants Co.; Mrs. Rosalind Jane Murray, 55 Fairview St., Antigonish; Ivan Corwin Pauls, Seabright, Hfx. Co.; Mrs. Nellie Maud Brontton, Brookfield, Col. Co.; Percy Stanford Wentzell, 132 Woodworth Rd., Kentville; Mrs. Helen May Carter, Goff's, Halifax, Co.; Cecil Dow Talbot, Onslow, R.R. #5, Truro; Allan Joseph Carter, Goffs, Hfx. Co.; Bruce Douglas Carter, Goffs, Hfx. Co.; Denise Michelle Noseworthy, Port Hawkesbury, Inv. Co.; Karen Roberta Chute, South Berwick, Kings Co.; Mrs. Mary Mae MacInnis, Gabarus, R.R. #1, C.B.; Veronica Mary Halloran, Guysborough; Mrs. Mary Ross Gledhill, 12 George St., Scotchtown, New Waterford; John Leonard Cameron MacNeil, 484 Main St., Kentville; Ross James Carey, Margaretsville, Anna. Co.; Mrs. Ada Pearl Burns, 2097 Creighton St., Halifax; Mrs. Stella Gertrude Mailman, Liscombe, Guys. Co.; Joseph Icirus Mailman, Liscombe, Guys. Co.; Andrew Devilla Gray, Cherry Hill, Lun. Co.

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ASTRONAUT HEADS TB SEAL CAMPAIGN IN U.S.A.

Astronaut Scott Carpenter, 40 year old navy Lieutenant Commander, who hurtled three times around the earth in the Aurora 7 capsule, has been named honorary chairman of the 1965 National Christmas Seal Campaign in the United States.

Commander Carpenter, father of four children, who is at present serving with the U.S. Navy Marine Defense Laboratory on Project SEALAB II, accepted the assignment to lead this year's drive against TB and other respiratory diseases because of an intimate experience with the ravages of tuberculosis. Mrs. Florence Carpenter, Scott's mother, died at the age of 62 after a lengthy battle against tuberculosis.

The famed spaceman accepted the role of National Honorary Chairman "—with great pride and pleasure", and, declaring "Christmas Seals stand as the symbol and weapon in the fight", urged all Americans to join him in making the Christmas Seal the banner of hope.

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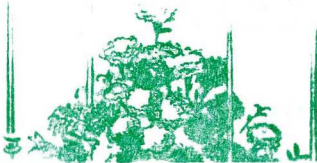
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