

NOVA SCOTIA SANATORIUM

VOL. 46

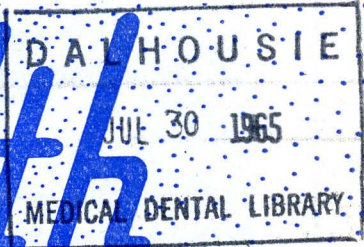
JULY, 1965

NO. 7

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## TABLE OF CONTENTS

	Page
THE SANATORIUM CRACKER BARREL J. E. Hiltz, M.D. ....	5
THE BOYS WHO CAME FOR CHRISTMAS .....	6
GLEANINGS FROM THE CTA ANNUAL MEETING .....	8
QUESTION BOX Dr. J. J. Quinlan .....	10
BCG AT HOME AND ABROAD TB . . . and not TB .....	11
EDITORIAL COMMENT .....	12
CHAPLAIN'S CORNER Rev. J. A. Munroe .....	15
OLD TIMERS .....	19
INS AND OUTS .....	23
JUST JESTING .....	24

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# HEALTH RAYS

A MAGAZINE OF HEALTH AND GOOD CHEER

Authorized as Second Class mail, Post Office Department, Ottawa

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VOL. 46

JULY

No. 7

## The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.

Medical Superintendent



By the time this is being read our new, simplified, rest hour schedule will be in operation. The purpose of this is three-fold: (1) To eliminate times, such as quarter hours, which are difficult to remember. The new rest periods all start and stop on the hour. These are in-bed periods of rest and patients will find it easier to remember not to get up, ex-

cept for necessary appointments, until the hour is past. (2) To eliminate the short rest periods before meals which are such a nuisance for everyone, and (3) to prepare ourselves for a new schedule of meals which will become operative as soon as we are able to provide a dining room for patients on high exercise. We hope that this may be in operation this fall. At one time, we did have such a dining room which gave convalescing patients a pleasant opportunity to socialize at meal hour. Walking to and from such a cafeteria three times a day—out-of-doors in fine weather and via tunnel in bad weather—will represent a certain amount of physical effort which will have to be taken into account when considering a patient's medical capability of enjoying these daily diversions. As a result rehabilitation services will be concentrated more "on the floors" and less in the Rehab. Department itself. There is no merit in change purely for the sake of change but these will be changes with a reason which we hope will please everyone.

\* \* \* \* \*

During the Canadian Tuberculosis Association meeting in Toronto in June there was considerable discussion about the relationship of cigarette smoking to cancer

of the lung. This is an established fact as far as certain types of lung cancer are concerned. One speaker referred to it as "lung smoking", which is quite a good descriptive phrase. Many of my friends have given up lung smoking. Have you?

Perhaps it is mean of me to continue in this vein but Dr. Luther L. Terry, Surgeon General of the U.S. Public Health Service, said in Chicago in June "Every four minutes (day and night throughout the year) someone in this country (the United States of America) dies prematurely because of his cigarette smoking. This is a real American tragedy because most of these deaths could be prevented." "240,000 men will this year die prematurely from diseases associated with cigarette smoking". About 138,000 of these premature deaths will be from diseases clearly and definitely associated with smoking, such as cancer of the lung, larynx, oral (mouth) cavity, esophagus, and bladder; as well as bronchitis, emphysema and coronary artery heart disease.

\* \* \* \* \*

Those of you who have read "Gleanings from the C.T.A." elsewhere in this issue may be struck by the article about the Madras study. It is true that, in this study, those on home treatment did about as well as those treated in sanatorium but this is not the whole story. Firstly, every patient on home treatment was immediately removed from the study if he did not take his drugs faithfully and so was not counted. Secondly, good supervision of treatment was provided for those undergoing treatment at home. Thirdly, the criterion of good results would not satisfy many Western authorities. Just how good were the ultimate, lasting results? Finally, as, just as important, to what extent did patients undergoing home treatment spread their tuberculosis to others?

CONTINUED ON PAGE 7

# The Boys Who Came For Christmas

He who gives a child a home  
Builds palaces in Kingdom come.  
John Masefield

Did you never as a child wish that Christmas might go on forever? I saw two little boys for whom such a wish seems in a fair way of coming true, when I dropped in at the home of Mr. and Mrs. W. P. Lewis to meet Bryan and Barry.

To tell the story we must go back to last December, when the Lewis' were making their plans for Christmas. They had been married in September, and it would be understandably human had they chosen to spend this first Christmas with just each other. They decided, however, to share their home with others less fortunate. After inquiries and consultations a letter was sent inviting two children from an orphanage to spend a Christmas week with them. In due course Bryan and Barry arrived to be these Christmas guests.

Bryan, who is eight, and Barry, who is seven, are brothers from a broken home in Halifax. That they were too early acquainted with sorrow, uncertainty and rejection showed in their meagre little faces and in their manner that expected nothing. It could seem only a miracle to be brought to share a home like the Lewis', where happiness and goodness abounded.

Licentiate William Paul Lewis, of North Bay, Ontario, is attending Acadia University with a view to becoming a Baptist minister. While he works toward his degrees, he serves the pastorates of New Minas and Canaan in Kings County, as licentiate pastor. Lynn Lewis is a 1963 graduate of the Nightingale School of Nursing, Toronto, and is at present an instructor with the Nursing Education Department of the Nova Scotia Sanatorium. Daughter of a Baptist parsonage, Brantford, Ontario, she, too, is excellently qualified for a life of service.

The wonderful Christmas week ended, and two sad little boys were returned to the orphanage. With child-like directness they begged for assurances that they would be taken out again soon. Deeply troubled, the Lewis' said goodbye to the lads, and came home to ponder and to pray. In three weeks they were back at the orphanage, gathered up Bryan and Barry with their scanty belongings, and brought them "home".

The Lewis' household, to be found in the very attractive house rented by the New Minas church for their pastor, is a delight to visit: Mr. and Mrs. Lewis, young, good-looking and enthusiastic; the boys, now clear-eyed, with ready smiles; and "Bruno", the St. Bernard dog who presides over the family after the manner of "Nana" in *Peter Pan*. To prove the Lewis' are not just ordinary young folk, I might mention here that Bruno (properly called "Kimberley") was a request wedding present. How many bridal couples list with their Minton and sterling a St. Bernard puppy? The boys cannot do enough for "Mummy" and "Daddy", even to **liking** to do the dishes. They take a deep and very knowledgeable interest in the family garden, as demonstrated by the friendly hand Bryan extended on greeting, well-coated with good brown earth.

The Lewis' seem happiest when talking about their boys. They tell how well both are doing in Highbury school, citing with pride the prize Bryan won for showing most improvement during the year. Summer looms up happily for Bryan and Barry. They are included in all the vacation plans, chief of which is a trip to Vermont in August, a busman's holiday for Mr. Lewis, when he takes over the pulpit of the Baptist church in the beautiful mountain village of Stowe, called "the ski capital of the world". At the time of writing, the boys along with some 200 other children are attending morning sessions of a 10-day Vacation Bible School which Mr. Lewis organized in New Minas, to be followed by a similar project in Canaan.

So we leave Bryan and Barry to their summer joys, in a home where they are cherished and guided as children ought to be. In this age of satire and comfortable pew-ism I can think of no surer way to refresh the spirit than by a visit to the Lewis home, to meet two happy, thriving children and a young couple who live their religion.

—Eileen M. Hiltz.

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Despite inflation, a penny is still a fair price for some people's thoughts.





**The Lewis family. Pictured is Mrs. Lewis with Barry and Mr. Lewis with Bryan.**

#### CRACKER BARREL CONTINUED

There is still no better form of therapy than that provided in a good sanatorium and faithfully carried out. However, when a country like India has to care for approximately one million new cases of active tuberculosis each year and only has 25,000 sanatorium beds in which to look after them, they are well justified in attempting second best for the other 975,000 or so.

\* \* \* \* \*

It is always sad to have old friends and faithful staff members leave us. At the end of June, we said good-bye to Marguerite McNamara who began her association with us as a patient, studied secretarial work first in our Rehabilitation Department and later at Mack Business College, joined our secretarial staff some fourteen years ago and served successively and successfully in Medical Section, the Rehabilitation Department and finally in our Business Office. Marguerite leaves us to be married. Our very best wishes go with her. Our loss is someone else's gain, the lucky fellow.

Also leaving on July 15 is Mrs. Lydia

Morton, R.N., charge nurse on the first floor of the East Infirmary. Mrs. Morton, too, has been with us for over fourteen years during which time many an admission patient has been "shown the ropes" by her and has become a firm friend as attested by her correspondence at Christmastime. Our thanks and our very best wishes go with "Ma" Morton in her retirement. Really, how one so young can possibly be eligible for retirement is difficult to imagine.

\* \* \* \* \*

Over the years since 1948 when our School for Nursing Assistants was founded, we have had many good reasons to be very proud of it and the young men and women who have graduated from it. This year, we have had a very special reason to be proud as two of our graduates led the whole Province in the written examinations set by the Board of Registration. Miss Judith Ann Barkhouse, C.N.A. led the list and Mrs. Wilda Marcotte, C.N.A. followed her very closely. This reflects great credit upon these two young people and, indirectly upon the School. Our sincere congratulations are extended to them.

## Gleanings From The CTA Annual Meeting

(A potpourri of findings reported at the annual meeting of the Canadian Tuberculosis Association held in Toronto June 7 to 10, taken from **The Globe and Mail**.)

**Find Cancer in TB Patients Over 50.** Lung cancer should be suspected in every tuberculosis patient over 50, three Nova Scotia physicians told the Canadian Tuberculosis Association. A paper prepared by Dr. H. M. Holden, Dr. J. J. Quinlan and Dr. J. E. Hiltz, and given by Dr. Holden, told of 15 cases in the past 25 years at their hospital in which lung cancer and tuberculosis existed in the same patients.

Once thought rare, co-existence of the two conditions may be getting commoner because lung cancer is now one of the commonest types of malignant tumor, they suggested. There is no evidence that tuberculosis influences development of cancer, they said.

**Lung Cancer Preventable, Doctor Tells Meeting.** Lung cancer is a preventable disease, if people would stop smoking, but because the frailty of human nature makes this unlikely, the surgeon will continue to face cases for which the over-all cure rate is only 9 per cent, Dr. Norman C. Delarue, assistant professor of surgery at the University of Toronto and senior consultant surgeon to the Ontario Cancer Institute, told the Canadian Tuberculosis Association. He struck a more cheerful note, however, in reporting that the five-year survival rate is now 9 per cent instead of only 2.5 per cent 10 years ago.

The improvement is partly because better diagnostic methods are now available and partly because patients are being referred earlier for specialized diagnosis. If lung cancer can be caught when the lesion is still extremely small the cure rate is close to 100 per cent, Dr. Delarue said.

**Treatment of TB at Home Recommended.** Dr. R. H. Andrews of Ramsgate, England, told the annual meeting of the Canadian Tuberculosis Association of a study of mass domiciliary treatment carried out in Madras, India, by Indian authorities, the World Health Organization, and the British Medical Research Council. The study was made because India has a serious TB problem and an acute shortage of sanatorium beds.

One hundred patients were treated at home; they administered their own drugs,

lived on a reduced diet and often went back to heavy work at the early stage. The second group, also of 100, stayed for one year in a sanatorium with bed rest, good food and nursing attention. All the patients had a positive sputum and most had extensive lung disease. At the end of the year, Dr. Andrews said, there was little difference between the two groups, and there is no evidence of an increased rate of relapse among those treated at home if they followed treatment faithfully.

"If home treatment can be so effective and safe in the conditions of Madras, then surely it must be at least as satisfactory in the better conditions of our own countries, and this is now the experience of many tuberculosis physicians," he said.

Dr. Andrews stressed that the success of home treatment depends upon close supervision of each patient through outpatient and home-visiting services.

### Home Treatment of TB Tried During Epidemic

Members of an isolated Indian and Metis community in Manitoba, where there was an epidemic of tuberculosis in 1963, were successfully treated partly at home with an estimated saving of \$45,000, the Canadian Tuberculosis Association was told.

After two young schoolboys from Thicket Portage were admitted to a TB sanatorium in 1963, the entire village population of 328 persons was X-rayed. There were 25 active cases, 15 of them schoolchildren. Instead of keeping them in the sanatorium for 18 months, the patients were kept only nine months and then sent home for follow-up treatment by drugs administered **daily by a health nurse**.

Dr. A. L. Paine, medical superintendent of the Manitoba Sanitarium at Ninette, who presented the study prepared by Dr. S. L. Carey of The Pas, said that the Thicket Portage treatment was highly successful but would not necessarily be applicable everywhere. It could only be applied to a small, isolated community where there was no danger of patients moving away and infecting others.

### Job Prospects Improve for Former TB Patients.

A National Employment Service officer says it is easier for former TB patients to get jobs than it was 20 years ago.

Ellis Lageer, Toronto—based regional supervisor of special services and himself a former TB sufferer, said when he first got a job a group of fellow workers tried to get him fired.

They stopped only after a health inspector told them he had recovered and would not spread the disease.

Employment officers are finding that employers are rehiring employees treated for TB, and that they are not worried about the employee's ability to work well or the danger of contagion.

However, he said: "There must be hundreds whose stay in a san is a nightmare of apprehension about the future."

A trained team, including a psychologist social worker and rehabilitation officer, helps the patient return to work.

Mr. Lageer told the Canadian Tuberculosis Association at its annual meeting that there are no special jobs for former tuberculosis patients. It depends on their training, aptitude, physical capabilities and the labor market.

**Hamilton MD Says Sanitarium Staffs Reject, Punish Alcoholic TB Patients.** Dr. Mary Purdy, a director of the Toronto-based Addiction Research Foundation told the annual convention of the Canadian Tuberculosis Association that education of sanitarium staffs is necessary to handle alcoholic TB patients.

"There is no other way to replace ignorance with information and reluctance with acceptance," she said.

From an article in the foundation's quarterly journal she quoted ways in which TB treatment is complicated for an alcoholic.

TB in alcoholics is often at an advanced stage before being diagnosed. The patient's drinking may have led to malnutrition and generally poor health; his social deterioration may hamper his relationship with the staff and disrupt hospital routine; he may have gastric complications leading to poor tolerance of antibiotic drugs.

He may refuse treatment or stop it because of his physical and emotional problems and he may have relapses because he returns to his poor environment.

Dr. Purdy urged teamwork between staff and organizations in the alcoholism and tuberculosis fields to help patients while they are in sanitariums so that rehabilitation can start early. Half-way

houses and sheltered workshops also could help prepare the patient to live in society.

She called for an end to moralistic, outmoded attitudes for the tuberculous alcoholic.

**Survey Show TB Epidemics Increasing in Canada; Mass Vaccinations Recommended.** Dr. John W. Davies, medical consultant in the epidemiology division of the Department of National Health and Welfare, reported 18 localized epidemics of TB in Canada since 1960. Epidemics occurred in homes, schools, villages, an army camp and a peewee hockey team. There were 248 new active cases of TB endangering 7,000 persons who were in contact with them. Source of infection in the various outbreaks included parents, school teachers, a cook, a hired man and a den mother.

Two factors may be involved in the epidemics: improved TB control is creating a highly susceptible population. Without resistance to the disease some individuals seem to be "highly successful spreaders of the disease," Dr. Davies said.

"We must also consider very carefully the benefits to be gained by creating an artificial immunity with BCG vaccine in our highly susceptible young population," Dr. Davies said.

Dr. M. J. Ashley of the division of TB prevention of the Ontario Department of Health, said a study in Hearst showed that among the 7,700 residents the rate of TB in the past few years has been between 10 and 20 times the rate for the province.

Widespread BCG (bacille Calmette Guerin) vaccination of persons who had never been infected with TB was carried out, combined with preventative anti-TB drugs in high-risk individuals, Dr. Ashley said.

In the 1963 survey 17 active cases of TB were found, six in children under 14, eight among adolescents and young adults and three in men over 50 years old.

The speed with which an individual could change from negative to positive infection shows the ineffectiveness of routine testing of school children that ends just before the greatest danger period begins.

Dr. Ashley said that the Hearst survey also showed that anti-TB drugs issued as a preventive measure were often forgotten or taken only irregularly.

Health is so necessary to all the duties as well as the pleasures of life that the crime of squandering it is equal to the folly.

—Dr. Johnson.

## Question Box

Dr. J. J. Quinlan



Q. How do tuberculosis germs become resistant to drugs? If a patient's germs become resistant to drugs, can the drugs be used effectively for that patient again?

A. When germs causing a disease are not actually killed by a drug, but merely prevented from multiplying, they frequently

develop the ability to fight off the effect of that particular drug and in fact become what is known as drug-resistant. In the treatment of tuberculosis, this phenomenon has been recognized since the earliest days of streptomycin administration. There are two main theories as to why tubercle bacilli become resistant to drugs. One is that in any given collection of tuberculosis germs there are some which are naturally resistant to drugs, and these drugs, while they may kill the more numerous ordinary tubercle bacilli, have no effect on the resistant germs which in the course of time multiply and come to represent the entire population of a given tuberculous lesion. The other theory is that the emergence of resistance to streptomycin and the other drugs is merely a matter of the germs adapting themselves in such a way that they can nullify the action of the drugs, possibly by developing a chemical compound. Once resistance has developed, rarely if ever does it disappear. It must be remembered, however, that drugs frequently behave differently in the body than they do in the laboratory. This is particularly true of Isonazid, which will frequently continue to benefit a tuberculous patient even though the laboratory reports show that the patient's organisms are completely resistant to the drug.

Q. How long does streptomycin remain in the body?

A. If streptomycin is given alone by injection, about ninety percent of it is excreted in the urine within twenty-four hours. When PAS is administered with the streptomycin, the latter drug will remain in the blood stream for much longer periods, and it has

been found that quite effective levels can be maintained in the blood stream for seventy-two hours or more, after a single intramuscular injection of the usual dose of streptomycin.

Q. If a lung has become collapsed because of an obstruction of a bronchial tube, will it ever re-expand?

A. Unless the obstruction is relieved, and relieved fairly promptly, a collapse, or atelectasis, as it is known, will be permanent. Bronchoscopic examination is a very valuable procedure in these cases. By this means, the cause of the collapse can be ascertained, be it foreign body, thick secretion, disease of the wall of the bronchial tube, or pressure on the outside of the bronchial tube. In many cases, particularly where the obstruction is due to a foreign body or thick secretion, re-aeration of the lung can be accomplished by removal of the foreign body or aspiration of the secretion through the bronchoscope.

Q. If a patient has a lobectomy, is the infection still there?

A. Much depends on the condition for which the lobectomy was done. For example, if the operation was carried out in the treatment of lung abscess or nontuberculous bronchiectasis, no infection would be left in the patient's lungs. In tuberculosis, however, the picture is somewhat more complicated. In many cases, lobectomy, segmental resection, or wedge resection, should remove all the remaining tuberculous infection from a patient's body. In some cases, it is possible to remove only the main focus of the tuberculous infection. It is then up to the patient's own resistance coupled with the beneficial effects of rest and continued drug treatment to look after the remaining active disease.

Q. How much sunshine can a tuberculosis patient safely take? Is it ever wise to try to get a tan?

A. There is no valid reason why a patient with healed pulmonary tuberculosis should not expose the body to sunlight provided that the usual precautions of not getting too much too quickly are taken. In other words, it would appear to be quite in order to acquire a sun tan, being careful not to get a sunburn.

In the days before drugs became available, heliotherapy, or the treatment of disease by exposure to light,

was frequently used for nonpulmonary tuberculosis, sometimes with beneficial results. Most sanatoria had large light-treatment rooms. There was one in existence at the Nova Scotia Sanatorium up until about 15 years ago. The modern drug

treatment of tuberculosis, however, has made heliotherapy pretty well obsolete.

Note: Questions from our readers pertaining to their health and treatment are welcomed for the Question Box.

## BCG At Home And Abroad

Last month the Canadian Tuberculosis Association held its annual meeting in Toronto and 90 characters said their piece about some aspect of tuberculosis or one of the other respiratory diseases. Don't push the panic button. I'm not going to try to summarize the lot, but maybe from time to time you might feel that you could swallow a capsule on one of the topics.

For example, what about BCG, the vaccine developed for protection against tuberculosis. In case you haven't met these letters before, they stand for "Bacillus Calmette-Guerin", those being the names of the two scientists who worked for years to get a strain of tubercle bacilli too weak to produce disease but with enough resemblance to the original to start the body building defences.

Dr. Johannes Holm, executive director of the International Union Against Tuberculosis, was the chief speaker on this subject, and right offhand it would be hard to think of anyone who knows more about BCG vaccination in practice because before Dr. Holm came to the IUAT he headed up the World Health Organization tuberculosis service which has seen to the vaccination of millions—200 million.

Dr. Holm sees great hope in the use of BCG—but he is a long way from thinking that it should be used the same way in, say, Cambodia and Canada or Uganda and the United States. How BCG is used depends on the state of the TB programme in a given area.

In the countries where infection rates are high, where 90 per cent of children are positive to tuberculin by age 14 and probably 50 per cent of them are positive by the time they are five. Dr. Holm thinks they should be vaccinated as soon as possible—at birth if it can be managed. But we have to keep in mind that in those countries the children are not born in hospitals and there is no doctor around, and probably no nurse either.

However, there are technicians in these countries who are trained to give BCG. They are thoroughly trained to do that specific job and as they do it

thousands of times a year, they are experts. Actually, they can do it better, Dr. Holm said, than a physician who does it rarely.

Dr. Holm was quite emphatic that in the countries where infection rates are low and getting lower he does not think BCG should be given to infants and small children except in the special cases where a child is in a home where there is a patient with TB. In countries like Canada, the United Kingdom and the United States Dr. Holm thinks age 13 or 14 is a better time.

These are his reasons: The effect of the vaccine is greatest the first time it is given. Therefore it would be wise to give it at the time when the individual would be most likely to need it. In low infection countries this is when the child goes out into the workaday world. Also, the teens are a time when resistance to the tubercle bacilli is low. If you have read about epidemics in schools you will have noticed that they seem to spread very quickly once they get into a high school or junior high. That is because of the vulnerability of the teenagers, especially the girls.

So Dr. Holm thinks that when they enter the teens they should be given BCG. It is not insurance but it does give 80 per cent protection. One vaccination at that age, he believes, will do for life.

Why not give this protection to infants? Because it destroys the usefulness of the tuberculin test. If a child has been infected by TB germs the doctor wants to start giving drugs at once, no waiting for X-ray evidence of disease.

TB.....and not TB

### IF

If all good people were clever  
And all clever people were good,  
The world would be nicer than  
Ever we thought it could!  
But, alas! It is seldom or never  
The two hit it off as they should;  
The good are so hard on the clever,  
And the clever so rude to the  
good.

—Sunshine Magazine.

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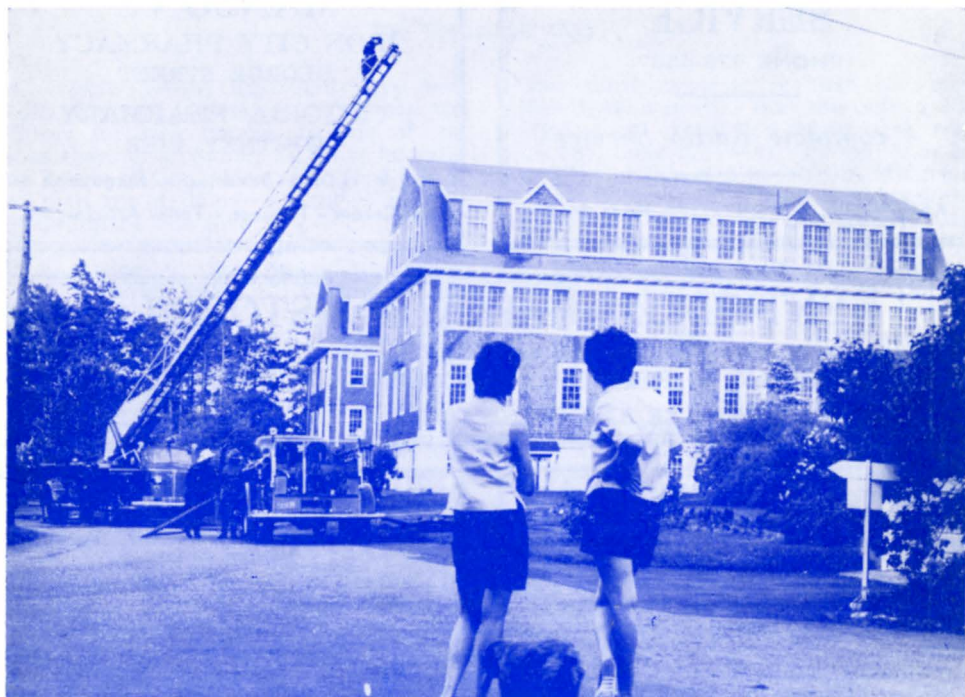
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The picture above was taken during a Mutual Aid Exercise carried out by the combined fire departments of Kentville, Wolfville, Port Williams, Greenwich and the Sanatorium. Shown is the Kentville Fire Department's aerial ladder in operation before the West Infirmary. Interested observers are the Misses Kathleen Quinlan and Donna MacRae, who in turn are observed by Betsy, dog Hiltz. Picture courtesy Art Lightfoot.

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# Chaplain's Corner

The Rev. J. A. Munroe

## The Delays of God

A French priest, who had very bad health himself, wrote many books of comfort for sick people. In one of his books there is a chapter on what he calls "the delays of God". He says, "That which you take for a delay of God is only a calculation of His love."

People say they have prayed and have got no answer to their prayer, and have, in consequence, lost faith in prayer. We cannot doubt that all prayers that are true prayers are answered by God; but prayer is not dictation, and the purpose of prayer is not to make God think as we think, but to make us think as He thinks; not to bring God's will around to our wills, but to bring our wills around to His will. He does answer every prayer, but in His own time and in His own way.

There are three examples in the Bible of prayers that seemed not to be answered, which enable us to understand something of the meaning of the mystery of what we call unanswered prayer.

The first in the prayer of Hannah, the mother of Samuel (I Samuel 1:10-20). Hannah prayed for a child and it was not granted to her. She wept her heart out longing for this child that did not come, but we can see why she was kept waiting. Israel, the chosen nation was in very great danger and needed a saviour; that there might be a saviour God needed a particular kind of mother, and she could only be made by the discipline of waiting. Through that discipline Hannah became the very mother Samuel needed, who would set him free to serve the nation. For the nation's sake the answer to Hannah's prayer was delayed.

Another delay was with that brave Apostle, St. Paul. He was not the kind of man to whimper or think about himself. He was whipped and stoned and shipwrecked; he met every kind of danger and went with his life in his hand. Yet he had what he called a "thorn in the flesh" (2 Cor. 12:7-9). This tried his fortitude almost beyond bearing. Three times he prayed that this agony might be taken from him; but the message that came to his soul was this: "My grace is sufficient for thee, for My strength is perfected in weakness." The trouble was not removed; he was given strength to bear it. We can see what that delay was for; it was for the sake of his character.

The third example is that of Jesus Himself, Who prayed that the cup of His suffering and crucifixion might pass from Him (St. Luke 22:39-44). "Father, if it be possible, let this cup pass from Me"; but it was not possible. That was for the sake of the world. If that prayer had been granted we would never have known the wondrous Cross or the Crown of Thorns, or seen and had a share in the victory of the Resurrection.

### Loneliness—Or Solitude?

Loneliness, says a well-known writer, is a rejection of oneself while solitude implies acceptance of oneself. Loneliness is a symptom of atrophy while solitude is a necessary condition of personal growth. The person who says that he cannot tolerate being alone is quite explicitly saying that he cannot tolerate being alone with himself. By the same token, it might be said that one who makes a habit of solitude either has a desperate crush on himself or simply cannot tolerate others.

Certainly some degree of solitude is essential, for only in solitude can a man meet himself face-to-face and say: "On the whole, you're a nice enough fellow. But there are certain areas where you and I disagree, old chap, and now's the time to thrash out these differences before they become serious." Loneliness is often the result of failing to resolve these "differences." When such "differences" become serious, a man stops talking to himself and no man is more desperately alone than one who cannot communicate with himself. Thus, solitude, in the final analysis, is man's opportunity to find peace with himself, to become reconciled with himself, to boil down and refine and integrate into his personal morality, his "working philosophy" all the conflicting and all the confirming experience and knowledge that pour into him in the course of his daily life, so that it shines clearly and unequivocally in every word he says, every decision he makes, every action he takes.

—Forethought, Montreal Trust.

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—L. M. Child.

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## News Of The Nursing Staff

Congratulations to the class of '65 who wrote certifying examinations in Halifax in April. All were successful, and the Sanatorium School for Nursing Assistants is very proud that two of its graduates rated 1st. and 2nd. place for the province: Miss Judith Barkhouse, 1st; Mrs. Wilda Marcotte, 2nd. Both are presently members of the Nursing Staff.

Miss Florence Harris and Miss Carolina Serroul completed the course for Nursing Assistants.

Capping exercises were held in the Chapel for the 1966 class of Nursing Assistants. The class was presented by Mrs. N. Hounsell, R.N., and capped by Mrs. Hope M. Mack, R.N. This was followed by tea at the Nurses' Residence.

We are pleased to have Miss Madeline Spence, R.N. back following sick leave.

Mrs. Kay Dakin, R.N. is making a satisfactory recovery from a recent illness.

Miss Daisy Arthur, C.N.A. is still in sick staff area but is improving.

Miss Helen Comeau, Miss Mary Livingstone, Mrs. Edna Doucette, Miss Elvena Marsh, Mrs. Violet Hunter, Mr. Allan MacKinnon, Mrs. Wilda Marcotte attended the Certified Nursing Assistants annual meeting in Sydney.

Mrs. Hope M. Mack, R.N. and Miss Jean Dobson, R.N. from the Nursing Offices attended the annual meeting of the Canadian Tuberculosis Association Nurses Section.

A shower was held in the Nurses Residence for Miss Cheryl Martin, C.N.A., who will be married in August.

Resignations have been received with regret from Mrs. Shirley Clerk, R.N., Miss Barbara Martin, C.N.A., Miss Ann Jesome, C.N.A., Mrs. Patricia Dorey, C.N.A.

Mrs. Aileen Brown, C.N.A. is on leave of absence because of her husband's illness.

### TOP BOWLERS

Gwen Salsman, of the San, Domestic staff, Floor 1, East, won a trophy in the Kentville Ladies' Bowling League for High Single in Section B. She also won a trophy for being in the top ten averages, with an average of 89. Marion Johnson, who works on Floor 2, East, was also in the top ten. Mrs. Salsman, who is a grandmother, is captain of "The Tartans", and other members of the team are Millie Schofield, Jean Manning, Judy Crowell and Fay Keith.

A new perfume is out that drives the boys crazy; it smells like a new car.

## CHANGES ON THE CREDIT UNION BOARD

Owing to the pressure of his regular employment, Carl Wagner of the San. Stores Dept., has found it necessary to resign as treasurer of the Sanatorium Credit Union after five years of devoted and efficient service. Appointed treasurer in his place has been Alta Covert of the Rehab. staff, who was secretary. This necessitated finding a new secretary, and Grace Adams of the Matron's Office staff, long interested in the work of the Credit Union, consented to act in this capacity for the remainder of the year. Elected as vice president is Douglas Hallimore of the maintenance staff, to fill the vacancy created by the resignation of Miss Dobson, R.N.

### SUMMER TIME IS PICNIC TIME

The month of June saw two very enjoyable picnics emanating from the Sanatorium. On the 15th forty-eight patients drove to the village of Margaretsville on the Fundy shore for a picnic supper. Their hosts and drivers were the members of the 1965 class in Clinical Pastoral Training, with Mr. Barrett and Don Brown of the Rehab. staff assisting. The delectable supper, provided by the Dietary staff, was eaten in the Community Hall, and afterwards a short program and sing-song was enjoyed.

On June 21 the members of the Clinical Pastoral Training class again went picnicking, this time to the Look-off. On this outing they were joined by 10 members of the similar course which was being conducted at the Nova Scotia Hospital in Dartmouth, with their instructors, Prof. Rodney Stokoe of King's College and Rev. Dale MacTavish. Again a delicious supper was furnished by the San. Dietary staff.

### BRIDAL SHOWER

A bridal shower for Marguerite MacNamara, who for a number of years was a member of the Rehab. staff and latterly in the Business Office, was held at the home of Helen (Littlewood) MacKinnon June 23. The party was attended by many of Marguerite's friends from the offices and staffs. Beautiful gifts were presented, in a box decorated with the model of an aeroplane. A delicious lunch was served following the opening of the presents. July 10 is the wedding date for Marguerite and Flight-Lieutenant Herbert Parker. They will reside in Halifax. The sincere good wishes for their happiness goes to the bridal pair from the very many San. friends of Marguerite.

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## Old Timers

After a slow spring we hit the summer jackpot June 20th, and in three sizzling days we registered more heat than 1964 had managed in three months. We hope there is not too much of a heat wave in Boston, where Anne Marie has gone for a holiday the last week of June. But of course she gave us her collected notes for the Old Timers column before she left.

Congratulations to Donald Silver, who has completed the course for Medical Records Librarian at the Halifax Infirmary, with the distinction of making the highest average of his class. We feel a very special pride in Donald's achievement as he was one of our industrious San. students during his curing days. On June 5 he was in Kentville attending the provincial convention of Medical Records Librarians held at the Nova Scotia Sanatorium.

Steve Mullen passed along a note from John Hood, which had accompanied his renewal to Health Rays. John, who left here last year, says: "Am working quite hard, feeling very fit, eating like a horse, and take the necessary rest to keep on the upper level of the totem pole of health. My best regards to all."

During a visit to the San. in June, Richard Wile stopped for a chat with Mary Boudreau Doucette, who was on duty at the switchboard. He lives in Bridgewater, and told Mary he has been driving the rural mail for 10 years, which speaks well for his state of health. He was a patient here in 1945.

When Hector MacKean of the San. Medical Records dept. was enjoying a drive to Mahone Bay he stopped to see old porchmate Frank Mader. Frank, who was here in 1954, has a store in Mahone Bay, and asked Hector to remember him to friends at the San. He says he takes a drive up to Round Hill, Anna. Co., to see another 1954 Old Timer Alex Dargie. Alex, too, runs his own store.

Lillian Romkey, who was here in 1952, came in for a check-up. She is with the Department of Public Welfare in Halifax, and her work is with the Adoption Board. News of Maud Carson is that she took a business course when she returned home to Sydney, is now working in Toronto for an insurance company. Maud left here in 1963.

A visitor from Milton, Queens Co., was Barbara Ellis, a 1945 patient. She works as stenographer at Steel and Engine Products, Liverpool. And Mildred Thibodeau came up from Plympton, Digby Co., to

visit friends. Mildred, who was here in 1954, now is employed at the Metropolitan store in Digby.

Freddie Deveau, after a short sojourn in the States, has returned to open a barber shop on Nichols Ave., Kentville. Freddie was the San. barber around 1949.

John Lawrence of the San. Medical Records dept., was visiting at his former home, Maitland, Hants Co. last month. There he saw Evelyn MacLellan, Noel Shore. Evelyn, who left here in 1963, is able to do her own housework, and looks after two boarders into the bargain. We feel this would be a good place to mention John's son Terry, who led his Grade eleven class at Kings County Academy this year, and has been elected president of his class for the coming year. In addition to these honors, he has been chosen one of the two members of his school to travel West on the Centennial student exchange program. His brother, Douglas, who also did brilliantly when at K.C.A., is attending Acadia University.

Big news from Lawrence Spencer, Summerville, Hants Co., who left here in 1963. He has become the father of twins!

A visitor in June was Louis Comeau, a 1953 patient, formerly of Saulnierville Station, Digby Co. He now lives in Truro, and travels for J. P. Coats, the thread manufacturers. He was in Kentville in connection with the opening of the new Zellers store. Another visitor was Max MacLeod, who came to see sister Marguerite. Max, who was here in 1935, works at Steel and Engine Products, Liverpool.

Joan Estabrooks, who was here in 1964, came visiting from her home in Springhill. Reports say she looked very well.

Frances Toomey, a 1955 patient from Kentville, was home visiting her mother, and looked in on San. friends. She is on the staff of the Royal Victoria Hospital, Montreal, having received the degree of B.Sc. in Nursing from McGill University.

From Stellarton came Archie Jamieson to visit Hector MacKean. He is fine, and drives a taxi in Stellarton, in the chosen land of Pictou county. Archie, who was here in 1954, says he sees David Connors, also of Stellarton, and that he is quite well but takes it easy. He also sees Weldon Adamson, a 1949-er, who works with the CNR at Stellarton.

Irene Knight and Marion (Thomas) Harris of Halifax, who were both here in 1945, stopped off en route to Bridgetown. Irene continues her work as a hairdresser. Thomas MacDonald, another 1945 Old

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Timer, also visited when passing through Kentville last month. He works in the post office at North Sydney.

Carl Peach, Hantsport, came in for a check-up. He is Ships Personnel clerk with the Fundy Gypsum Co., Ltd. Anne Marie says he is looking just fine, and that he denies having gained weight.

Chester Rutherford, who was here in 1952, lives at home in Middle Stewiacke, Colchester Co., with his daughter. He says he is feeling fine, but takes life easy.

Two Old Timers in for check-ups early in June were Roy Wilson, of River John, Pictou Co., who left here just this year, and Edward Windrow, New Ross, Lunenburg Co., a 1962 patient. Both were looking extremely well, we were told.

At the Dog Show held in Berwick June 25-26 we heard of two Old Timers there with their dogs. Bill Stacey, who was here in 1953, brought his champion Boxer all the way from Sydney. Lorie Eisnor, who lives in Bridgewater, and was here in 1943, showed a Beagle in the Hound class. Also present and winning ribbons were Roger and Dick Quinlan, who showed Dr. Holden, Kathleen and Patricia. Mrs. Lewis of the San. nursing staff had a king-sized entry, her St. Bernard, Bruno.

In June we had a visit from Mr. and Mrs. Cecil Kennedy, and were very happy to see him much improved in health, after a severe illness caused by infectious

hepatitis. He is convalescing at their summer home in Mahone Bay, and hopes to return to work before the summer is over.

### "SPACE WALKING CAN BE DANGEROUS"

One of our well-known doctors narrowly escaped serious injury Saturday, June 19th, at approximately 9.30 a.m. while enjoying a morning stroll behind the East Infirmary. He was gazing up into space when he stepped off in space. The force of gravity won again, and he struck the ground with such a force as to roll him completely over, scattering books and papers over a large area.

Although he could have had the assistance of many people, he quickly got to his feet, picked up his books and papers and limped around the east corner of the Infirmary.

I have not had a personal interview with the doctor, but I found out from a reliable source that he tore the arm of his coat and required first aid for minor cuts and skin abrasions. His shirt escaped injury.

I am happy to report that the doctor is in good health again. In future he is going to leave space walking up to young men such as McDivitt and White who are specially trained for this dangerous task.

—Contributed by an East Infirmary Observer.



As part of its year-round training program, the Kentville Fire Department instructed student nursing assistants at the Sanatorium in fire fighting. Shown above demonstrating an extinguisher is Fire Capt. Rt. Rev. J. H. Durney with the Misses Eileen Light and Claudette Barnaby.

# HEALTH RAYS

VOL. 46

JULY

No. 7

## STAFF

*Managing Editor* . . . . . Eileen M. Hiltz  
*Business Manager* . . . . . John Akin  
*Subscription Manager* . . . . . Steve E. Mullen

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

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

## EDITORIAL COMMENT

Four days of meetings, with three sections, Medical, Nursing and Rehabilitation, running concurrently, constitute a formidable reporting job. Or so it seemed to a very amateur newshen attending the annual meeting of the Canadian Tuberculosis Association in Toronto last month. It was impossible to do more than pick and choose from the vast number of papers being given by the experts on all phases of tuberculosis and allied problems. Since the big city dailies maintain well-trained medical reporters to cover such conventions, it seemed the wisest course to glean from them some of the most salient pronouncements coming out of the sessions. This was done in the feature: "Gleanings from the CTA Annual Meeting".

It is to be hoped our readers will realize that these reports are cut and capsuled strenuously, and that some of the statements which may appear surprising, to speak mildly, were much modified in the full-length papers. Also it is well to take many newspaper headlines with a grain of salt. Headlines to be attention-catching must have shock value, and sometimes the whole truth is sacrificed to the sensational bits.

We do feel, however, that these excerpts illustrate the thorough research and effort that is being put into the unending war against our old foe, tuberculosis. If they seem to stress the problems rather than the victories, that, too, is characteristic of the fighters on our side.

This month the column "30 Years Ago" is missing because 30 years ago the July and August issues of **Health Rays** were doubled up to give the staff summer holi-

days. Comment on the joint 1935 magazine will be made in our August issue.

Some weeks ago a letter to the editor was printed in the Kentville **Advertiser** which pointed out the need for signs giving strangers direction to the Sanatorium. It was an intelligent, courteous letter that stated the problem fairly and offered constructive advice. It was the sort of letter to which attention should be paid, and we are glad to note that suggestions made in it have been carried out. Signs are now placed at the various turn-off points to assist visitors in finding the Sanatorium.

At least as we write the signs are there. We can only hope they will still be there when this is read, but experience seems to teach the sad truth that signs are a challenge to the vandal-minded, and have a depressing way of being removed, destroyed or defaced fairly early in their useful lives. It has happened before.

### SUCCESSFUL STUDENTS

This month we congratulate two more of our patients who have completed correspondence courses in Elementary Book-keeping—Miss Marita Wellwood and Mr. George Mullen. Both of these students did extremely well, and have been awarded certificates by the Department of Education.

We congratulate, also, our radio operator and teacher, Mrs. Mary McKinnon, on passing her final French 200 examination with a mark of 96. The course, given by Mount Allison University, was studied by correspondence, and the final examination was written in April.

A virus is what people get when they can't spell pneumonia.



## INS and OUTS

Nova Scotia Sanatorium, Admissions, May 16 to June 15:

Lucie Evangeline Dugas, Meteghan, Digby Co.; Mrs. Jessie Vesta Nickerson, 5 Starrs Rd., Yarmouth; Mrs. Grace Lettie MacKinnon, Camperdown (R.R. #1, Italy Cross), Lunenburg Co.; Angus Donald Rankin, Mabou, R.R. #2, Inv. Co.; Mrs. Mabel Elizabeth Love, 37 Spikenard St., Dartmouth; Ernest John Amirault, R.R. #1, Barton, Digby Co.; Mrs. Ida May DeWolfe, 10 Primrose St., Albro Lake, Hfx. Co.; Mrs. Genevieve Marie Bryan, 6245 Summit St., Halifax; Edgar Burton Rice, Lake LaRose, R.R. #3, Annapolis Royal; Joseph Philip Doucet, R.R. #1, Concession Digby Co.; Rita Euphemie Melanson, Pomquet, R.R. #2 Antigonish Co.; Mrs. Vivian Phinney Schaffner, R.R. #1, Lawrencetown, Anna. Co.; Mrs. Iona Lamont Stoddart, 14 Bishop Ave., Kingston; Daniel J. MacDonald, 31 Blair St., New Glasgow; Harry George Byers, 2713 Creighton St., Halifax; Mrs. Marie Bell, 73 Hickman St., Amherst; Roland Joseph Comeau, 3179 Connaught Ave., Halifax; Janet Marjorie Hamm, Belcher St., Port Williams; Braden Russell White, North Noel Road, Hants Co.; Rev. Charles Hugh Cameron, Arbor Road, Antigonish; Lauchlin James Cotie, 65 Douglas St., Sydney; Howard Joseph Melanson, R.R. #1, Plympton, Digby Co.; Nicholas William Pellerine, Larry's River, Guys. Co.; Fong Gee Yee, 108 Water St., Digby; Donald Wayne Langille, 6031 Oakland Rd., Halifax.

Discharges, May 16 to June 15:

Emmanuel Williams, 2423 Creighton St., Halifax; Vincent Theodore Simms, Africville, Hfx. Co.; Robert Grant Lake, South Maitland, Hants Co.; Otto Laurie Bezanon, Auburn, Kings Co.; Vernon Lorne Clattenburg, Mooseland, Halifax Co.; Thomas Henry Isnor, 5419 Glebe St., Halifax; Mrs. Dorothy Elizabeth Larose, No. 2 Norwood Lodge, Greenwood; Donald Melvin Benjamin, Lakeville, Kings Co.; William Everett McCarthy, P.O. Box 23, Halifax Rd., Truro; Emery Lester Langille, R.R. #3, River John, Pictou Co.; Marilyn Gordon MacLeod, Whycocomagh, Inv. Co.; Harmon Raymond Gallagher, 27 Drummond St., Springhill; Thomas Edward Brennan, Mulgrave, Guys. Co.; Isaac Rufus Milton Gregory, Upper Dyke, R.R. #1, Centreville, Kings Co.; Keith Douglas Crowe, 162 Vimy Road, Bible Hill, Col. Co.; Alexander Gregory MacQueen, 48 Forest St., Yarmouth; Benny Hiltz, Morrystown, R.R. #1, Aylesford, Kings Co.; Mrs. Mary Edith Paul, Mic-

mac, Hants Co.; Mrs. Alice Elaine Sandford, Canning, Kings Co.; Sister Maria Mercedes, Star of the Sea Convent, Terrance Bay, Hfx. Co.; Michael Joseph Campbell, R.R. #1, East Broadway, C.B.; Lucie Evangeline Dugas, Meteghan, Digby Co.; Herbert Joseph LeBlanc, St. Bernard, Weymouth, R.R. #1, Digby Co.; Mrs. Gertrude Clark, 17 Canterbury St., Dartmouth; George Whitfield Mullen, Havelock, R.R. #2, Weymouth, Digby Co.; Lottie Mara Brittain, Hilltown, R.R. #2, Weymouth, Digby Co.; Mrs. Julia June Jackson, 24 Forrester St., Halifax; George Albert Crowe, Onslow Mountain, R.R. #6, Truro.

### A SENSE OF DUTY

A sense of duty is what leads a man to believe he must get to the office in spite of the fact that he is coughing, his nose is stopped up, and his face is flushed with fever. In spite of the fact that his wife urges him to stay in bed and promises to devote her entire day to nursing him. In spite of the fact that his employer calls up to assure him that all is going well; that no vital matters are to be attended to and that they can get on perfectly well without him.

A sense of duty impels a man to ignore the advice given him. It leads him to believe he knows better than his wife and his employer. It strengthens his conviction that the business will go to pieces without him.

It encourages him in the mistaken idea that he feels better and will improve still more as the day progresses. It creates in his mind the illusion that his self-sacrifice will serve as an inspiration for the younger generation to whom the word "duty" is unfamiliar.

Thanks to his sense of duty he drags himself to his feet and into his clothes and sets off for town. His only concession is that he will come home early.

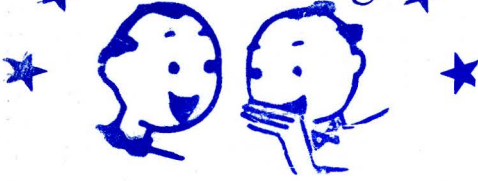
His sense of duty follows him to his desk and stands by as he tries to hold his head up while he attends to a few routine chores. It does not desert him until he has stuck to the job long enough to save his conscience and to pass his cold on to everybody else in the office!

Christopher Billopp,  
McNaught Syndicate

The Will of the wealthy, but eccentric man was being read and all the relatives had listened expectantly to the bequests, particularly the playboy nephew of the deceased. Finally the lawyer read:

'And to my nephew, Charles Jones, whom I promised to remember . . . 'Hi there, Charlie'

## Just Jesting



(Extracts from letters, reports, application forms, etc.)

"The surgery was on the duck of an eyelid. The duck was cleaned out."

"My children are checked regularly by a pedestrian."

"My wife has a small rectal ulster."

"I can assure you that I have absolutely no blood pressure."

"My father died at 80 of cerebral haemorrhoids."

"I have a very small ulcer on my diadem."

"I am coalescing from an illness."

"I weigh 200 pounds striped."

"I was operated on for nasal pullets."

(From the B. C. Medical Journal)

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"Nobody can cook like my Maggie," said the dutiful husband. "But," he added, "they came pretty close to it when I was in the army."

A man who had been waiting impatiently in the post office could not attract the attention of either of the girls behind the counter.

"The evening cloak," explained one of the girls to her companion, "was a red-inkote design in gorgeous lame brocade with fox fur and wide pagoda sleeves."

At this point the long suffering customer broke in with, "I wonder if you could provide me with a neat purple stamp with dinky perforated hem. The tout ensemble deliberately treated on the reverse side with mucilage. Something at about 4 cents."

A recent story involved students in a ninth-grade English class who, as part of a test, were asked to write a letter that some famous historical figure might have written during his lifetime.

Although time was admittedly limited, the teacher was hardly prepared for one

boy's terse contribution, to wit: "Dear Josephine, I am sorry to inform you that I did not make out so well at Waterloo. Yours truly, Napoleon."

Maybe man really does love his wife as much as he does his dog, but you never heard of his whistling around the neighborhood half the night trying to get her to come home!

A distinguished visitor was called upon to address the local Home and School meeting. The pompous chairman told him to make his subject "Sex", and went on to stress, the importance of keeping it brief. The distinguished visitor rose, calmly regarded his audience, cleared his throat, said: "My subject is 'Sex'. It gives me great pleasure . . ." and sat down.

The nurse was inquiring of the new patient, a husky looking fellow from the country, whether he had brought any pyjamas with him. "Pyjamas? What's that?" asked the lad. "Night clothes," replied the nurse, "didn't you bring any with you?" "Heck, no!" answered the patient. "I ain't no social rounder. When night comes, I go to bed."

I just heard that they're building a new hotel in Nevada, strictly for about-to-be-divorcees establishing residence. It will be called "The Jiltin' Hilton".

While listening to a holy-roller in a Toronto park last weekend a somewhat confused man in the crowd cried out: "Thank God I'm an atheist!"

Joe: I'd like a quarter's worth of bird seed, please.

Merchant: What kind of birds do you have, little boy?

Joe: Oh, I don't have any yet—I just want to grow some.

A Bachelor Is . . .

A fellow who likes to throw a line but never keeps the fish he catches.

A guy who doesn't have to leave the party when he starts having a good time.

The man who never quite gets over the idea that he is a thing of beauty and a boy forever.

A backwoodsman was leaving home for a trip of several days. His wife wasn't happy about it. "Ike," she complained, "you're goin' away for near on a week and there's not a single stick of wood for the stove."

"So?" demanded Ike, logically. "I ain't takin' the axe."

A Texas lad rushed home from kindergarten and insisted his mother buy him a set of pistols, holsters and gun belt.

"Why, whatever for, dear?" his mother inquired. "You're not going to tell me you need them for school?"

"Yes, I do," he asserted, "the teacher said tomorrow she's going to teach us to draw."

A newspaper was running a competition to discover the most high-principled, sober, well-behaved local citizen. Among the entries came one which read:

"I don't smoke, touch intoxicants or gamble. I am faithful to my wife and never look at another woman. I am hard-working, quiet and obedient. I never go to movies or the theater, and I go to bed early every night to rise with the dawn. I attend chapel regularly every Sunday without fail.

"I've been like this for the past three years. But just wait until next spring, when they let me out of here."

#### On This I Didn't Count

Because, last night, to get to sleep

More speedily and fully,

I counted several thousand sheep,

Today my mind is wooly.

—Jean Carpenter Mergard

Men invented golf so that they would have a way to relax when they were too tired to cut the grass.

The easiest way for a woman to get domestic help nowadays is to marry it.

The average woman may have a much smaller stock of words than the average man, but the turnover is greater.

A bargain hunter is often led astray by false profits.

The bonds of matrimony are worthless unless the interest is kept up.

—from Notes, Quotes and Anecdotes

Growl all day and you'll feel dog tired at night.

"I've got a dog."

"What's his name?"

"Ginger."

"Does Ginger bite?"

"No, Ginger snaps."

For three nights father had struggled dutifully to help his little daughter unravel the puzzling arithmetic problems she had been given for homework. They weren't making much progress.

"Daddy, it's going to be even worse next week," she warned him.

"What's going to happen next week?" he demanded, his drooping spirits sinking even lower.

"Next week," she said, "we start using the dismal system."

Dietitian: "An exclusive all-vegetable diet would give you a trim figure."

Patient (skeptically): "Did you ever take a good look at a hippopotamus?"

A chapter of the local Ladies' Aid society decided to bring a little sunshine into the state prison by writing cheery letters to the inmates.

One sweet old lady didn't quite know how to go about addressing a man she knew only by a string of numerals. But finally she achieved what she believed to be a measure of friendliness:

"Dear 688395:" she wrote. "May I call you 688?"

#### DORMANT BACILLI

At this moment, one-half of the earth's inhabitants, i.e., 1,500 million are harboring virulent bacilli in their bodies. Thanks to a natural resistance, 97 percent escape the disease. Nevertheless, these dormant bacilli may suddenly awaken if the equilibrium of the body is upset for any physical, mental or social reasons. Thus every other man is a potential danger for himself, his family and his workmates.

—Exchange

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## It's Not The Heat, It's The Humidity

Once upon a time there was a lass brought up on the prairies who thought that the expressions "It's not the heat, it's the humidity" was just some kind of corny saying that was intended to be funny but wasn't. As a matter of fact she went right on thinking that until she was middleaged and moved East in the middle of a hot, humid August.

Then she found all about what they now call "the discomfort index." She found out about what Percy Saltzman called HAH weather — standing for hot and humid.

Some of the forecasters have taken to announcing the discomfort figure. A discomfort figure of 75 may mean 80° temperature and 60% humidity, or 85° temperature and 30% humidity of 75° temperature and 100% humidity.

The idea of telling people ahead of time just how uncomfortable they are likely to be is to enable them to do the best they can to make life bearable. Mainstay of the programme is—do as little as possible. The less motion, the less misery.

Another thing that helps is to eat simply. Go easy on the carbohydrates and fats. Before eating a chocolate bar as a

snack, reflect that it will make you hotter. If you can drink iced tea with lemon and without sugar, it will do more to cool you off in the long run than a sweet soft drink. Substitute raw fruit for pie and cake as dessert.

'If you have been thinking about reducing there's no better time than in the hot weather.)

While you are in sanatorium you aren't going to be more than moderately active—but you're not going to be here always. There will be other hot summers.

When you face them and the forecaster warns that the weather is hotting up you can do your best to choose the lightest work (physically) that there is on the agenda. Get caught up with letter writing. It is something that nine out of ten people postpone. One thing to be said for it is that it is not very active and that it can be done outdoors or indoors. Same goes for mending, a job which doesn't fascinate many women.

As for those who arn't doing housework—do the best you can in your particular field. As the song puts it:

If you have to take it,  
Take it as easy as you can.

—TB or not TB

### Visiting a Sick Friend

All of us occasionally pay a visit to a sick friend. Next time you have occasion to visit a sick room—either in a home or in the hospital—keep in mind a few simple thoughts that will help to make your visit a welcome one.

Today's Health, the magazine of the American Medical Association, offers some pointers on visiting the sick:

—Don't sweep into the sick room like a cyclone. Come in quietly, unobtrusively.

—Don't be gloomy. Try to be cheerful, but don't be silly.

—Don't be morbidly curious. If the patient wants to tell you about his operation, or to show you the stitches, let him offer to do so.

—Don't be overly sympathetic. Real sympathy will show through, and words won't necessarily convey it.

—Don't make the patient dissatisfied with the care he is receiving. If you disagree, keep it to yourself. You'll help most by making him feel satisfied with his care.

—Don't offer your medical advice or opinion. The chances are your opinion is

worth next to nothing. Leave medical advice to your friend's physician.

—Don't make promises you can't keep. If you say you plan another visit, keep your promise.

—Don't lie. Don't tell a sick man he looks marvelous, or that he'll be out in a few days. He knows better. And this doesn't mean you should tell a seriously ill person that he looks half dead. Be honest, but be discreet.

—EXCHANGE

Once, when General Ulyses S. Grant was visiting Scotland, his host gave him a demonstration of a game, new to Grant, called golf. Carefully, the host placed the ball on the tee and took a mighty swing, sending chunks of turf flying but not touching the ball.

Grant watched the exhibition quietly, but after the sixth unsuccessful attempt to hit the ball, he turned to his perspiring, embarrassed host and commented dryly, "There seems to be a fair amount of exercises in the game, but I fail to see the purpose of the ball."

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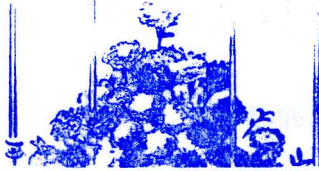
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From nature I have learned to smile  
At time and tide—for all the while  
Fair nature's song of peace is sung,  
The flowers and fields and streams stay  
young

In woodlands, decked with living green  
Or glowing gold. Youth is supreme.  
And nature's perfect peace tells me  
The secret of Eternity.

—Charles Bowman Hutchins.

From the time an infant tries to get  
his toes in his mouth, life is a continual  
struggle to make both ends meet.

The following is the inscription on a  
cigarette lighter which a young woman  
received from her husband: To my match-  
less wife."

One nice thing about owning a horse  
was that some designer couldn't make it  
obsolete long before it was paid for.

**For the Backward Reader**

Eht tseggib stun, ti smees ot em  
Era ton ni deddap sllec ro esrow.  
Tub esoh, ekil uoy, ohw yllufepoh  
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