

NOVA SCOTIA SANATORIUM

VOL. 48

MAY, 1967

NO. 5

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F. J. MISENER, M.D.	Radiologist
A. LARETEI, M.D.	Physician
MARIA ROSTOCKA, M.D.	Physician
G. A. KLOSS, M.D.	Physician
E. W. CROSSON, M.D.	Physician
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D. M. MacRAE, M.D.	Consultant Bronchoscopist
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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. Gerald Fisher</i>
Lay Visitor	<i>Miss B. Lockhart</i>
Christian Reformed—Minister	<i>Rev. J. G. Groen</i>
Pentecostal—Minister	<i>Rev. Glen Kauffeldt</i>
Roman Catholic—Parish Priest ...	<i>Rev. John F. DeLouchry</i>
Asst. Roman Catholic Priest ...	<i>Rev. Gerald E. Saulnier</i>
Salvation Army	<i>Capt. H. L. Kennedy</i>
United Church—Minister	<i>Rev. K. G. Sullivan</i>
Sanatorium Chaplain	<i>Rev. J. D. MacLeod</i>

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

HEALTH RAYS

A MAGAZINE OF HEALTH AND GOOD CHEER

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And For Payment of Postage in Cash

Vol. 48

MAY, 1967

No. 5

New And Reactivated TB Cases Seen Needing Vigorous Therapy

Las Vegas, Nev. — Physicians who treat tuberculosis patients should treat them vigorously; if the disease becomes reactivated the patient must then be treated even more vigorously and thoroughly.

This was the view expressed by Dr. Karl H. Pfuetez of the Suburban Cook County Tuberculosis Sanitarium, Hinsdale, Ill., at the meeting of the American College of Chest Physicians here.

There are approximately 50,000 new TB cases and 10,000 reactivated cases reported each year, he said. Of the reactivated cases, a significant percentage have tubercle bacilli that have become resistant to one or more of the first-line drugs.

The proper treatment for such patients includes the "second-line" drugs, which are ethionamide, cycloserine, viomycin, pyrazinamide and kanamycin. Although these drugs are less effective and more toxic than the first-line drugs, Dr. Pfuetez told *Antibiotic News*, they are often the only drugs left for the patient with resistant organisms.

Since retreatment cases have a higher morbidity and mortality rate than patients being treated for the first time, he said, the physician must be willing to take calculated risks in the treatment of such patients. He should use the "second-line" drugs in the highest dosages that the patient can tolerate, mindful that some side effects may have to be accepted.

Dr. Pfuetez stressed, however, that the physician should not be put off by milder side reactions of these drugs. "The timid, half-hearted approach," he asserted, "can—and often does—end in failure."

* * * * *

A man's worth should be judged by what he does when he needn't do anything.

High Dosage Levels

The dosage levels of the second-line drugs that can be tolerated, he noted, are sometimes surprisingly high. For example, he pointed out, cycloserine is usually given at dosages no higher than 500 mg per day. "Yet many patients can tolerate much higher dosages, occasionally as much as 2 gm per day for considerable periods, if the dosage is started low and gradually increased, along with high doses—300 mg daily—of vitamin B-6."

With many retreatment patients, said Dr. Pfuetez, the object is to bring them to the point where surgery is feasible. "But," he pointed out, "it must be realized that this cannot always be done.

"In any case, the physician should not shrink from using all of the second-line drugs when necessary. He must be willing to try two or three of the second-line and standard drugs at a time, sometimes even four or five. "It is much better to err on the safe side—by giving enough of several drugs—than not to give enough."

Patients undergoing retreatment, like other active TB cases, should have sensitivity studies done at least monthly as long as sputum cultures are positive, to assess the therapeutic program and guide the physician in the choice of drugs. In no case, Dr. Pfuetez stressed, should the physician depend on the patient's subjective feelings. "They are notoriously unreliable as an index of progress," he said.

Dr. Pfuetez conceded that lack of cooperation from the patient is a frequent cause of primary treatment failure. But he suggested that cooperation could be improved if the physician took more time to explain to the patient the consequences of his failure to cooperate fully.

—Antibiotic News, Jan. 11, 1967

Mental Health Month

May is mental health month. We anticipate that we will be hearing a good bit about this, the No. 1 public health problem. We also anticipate that several times during the month we shall encounter someone who thinks that the talk of stress, neuroses, compulsion, fixations and complexes is all a lot of hooley.

"There didn't used to be all this stress around," they argue, "and why should there be now that people are more prosperous than ever? People have more to eat and wear and better housing than they ever had before, so what's all this talk about insecurity? Why do they feel insecure?"

It sounds logical. The difficulty is that the thousands who feel so hostile, anxious, aggressive, rejected, jealous, angry or power hungry that they lose their sanity, happiness, jobs, friends or spouses are seldom in a mood to take this objective view. Even if they do ask themselves what is the matter they get no satisfactory answer. We remember vividly one who said in despair "What have I got to be anxious about?" But anxious she was, to the point where she had a most misery-making and unattractive skin condition.

Having a long memory, our first objection to those who say there didn't used to be the stress, neuroses, compulsion and so on that we hear of today is that there was more of it than they think but it was called by different names. From childhood we recall one neighbour who was called "a queer duck". Today he would be called a neurotic. Then there was a lady of whom her neighbors said that she had an uncertain temper. She did indeed. One day when she was particularly provoked she burned the house down just to show her husband what he could expect if he opposed her.

There have always been serious emotional disorders, but they were called sins. And people did not say they needed treatment but that they needed to repent. The seven deadly sins were pride, wrath, sloth, lechery, covetousness, envy and gluttony. Nowadays if a person seems to be habitually envious someone starts investigating his relation to his brothers and sisters in childhood to see if that was how he started a habit of jealousy which became chronic. If a person overeats, friends

* * * * *

Sandra: "Why do I have such a lot of electricity in my hair?"

Barbara: "I don't know, unless it's because you have such shocking things on your mind."

start commenting that he or she overeats as compensation for . . . and they go on to fill in what they think is the particular grievance that person has with life.

As for stress and why it is so common in our well-to-do societies, we find that more complex. Our own homespun explanation is that people are facing stresses which are unfamiliar—such as the need to learn a new job at age 50.

Viewed objectively, the hardships faced by our forefathers were far more severe than those facing a great many people who today escape into alcoholism or a compulsion to work day and night. The difference is that the problems faced by our parents and grandparents were pretty much the same as they had been for generations.

Children learned in childhood, without knowing they learned, how to meet crop failures and hard times, which were certainly stressful but were met by people who had known all their lives that from time to time these hard times had to be met.

What they never saw was how father reacted to being one of five vice-presidents only one of whom would be president in five years' time. Probably they had no way of learning from observation how to be calm when you lose a job, but are committed to monthly payments on house, car and TV set. Not very many learned in childhood how to face the loneliness of going to a city where one knew nobody, and lived in a great apartment block where people did not speak to each other.

We end on the cheerful note that we expect mental health to improve. It isn't easy to adjust to experiences which are unfamiliar but if we accept (as we must) that for the foreseeable future it will be necessary to face new situations, we will learn to take them in our stride. As children see parents moving around, learning new jobs in middle age, finding how to get acquainted in a big city or make their own amusement, they will take modern life for granted too—because that will be what they have learned even before they started to school.

—TB . . . and not TB.

Canadian Tuberculosis Association

* * * * *

FRIENDSHIP

Life is a chronicle of friendship,
Friends create the world anew each day.
Without their loving care, courage would
Not suffice to keep hearts strong for life.

—Helen Keller

TB Patients Should Be Hospitalized

Unfortunately more than three-fourths of the tuberculosis patients have advanced disease at the time they are first reported. If all patients were discovered in the early, non-infectious stage, how much easier tuberculosis control would be.

Hospitalization of newly-discovered patients with active, contagious forms of tuberculosis is most important and should be recognized not only as a real service to the sick person but also to his family and to the community. This is why:

(a) Proper diagnosis of the patient's illness.

(b) Education of the patient and his family regarding tuberculosis.

(c) Evaluation of drug treatment and the possible need for chest surgery.

(d) A better opportunity for reporting and registration of patients and their contacts.

The importance of out-patient treatment has increased in recent years because of shortened periods of hospital care. The supervision of patients under these circumstances is a mixed blessing and carries with it new problems for the physician and the community agencies dealing with tuberculosis treatment and control. The generally haphazard treatment of patients in the home environment or the transient shelter of the homeless should not be acceptable to those who are serious about the eradication of TB in the United States.

Sad but True

Inadequate drug therapy is most apt to occur after the patient leaves the sanatorium or hospital. It is an amazing fact but you would be surprised at the large number of patients who fail to take their drugs regularly or in the prescribed dosage after they return home. It is so easy to miss a dose now and then . . . and even whole days may go by without their taking a single pill. It is better to take no drugs at all than to take them irregularly or on a reduced dosage . . . And it will hurt you if the doctor doesn't know.

Itam

* * * * *

SUCCESS

To go about your work with pleasure, to greet others with a word of encouragement, to be happy in the present and confident in the future; this is to have achieved some measure of success in living.

—Edwin Osgood Grover

THE CURE IS EASY . . . IF YOU REMEMBER IT

One of the most difficult problems in the control of tuberculosis is getting patients to take drugs as prescribed. The TB drugs **can work if they are taken regularly**; disease can be checked and health restored. It sounds so easy . . . but it isn't.

Anne Grant, health education consultant for the Canadian Tuberculosis Association, claims that taking drugs looks easy only to those who have never had to take them regularly.

Anyone who has had to take them knows that unless one devises some help for the memory it is hard. There is the nagging question of whether one has taken them or not. Did I, didn't I?

Miss Grant suggests that patients on chemotherapy at home establish some kind of routine check. One way to do it, she says, is for the patient to set a time in the week when he measures each day's quota into a little bag, bottle or box labelled Monday, Tuesday and so on through the week.

If the pills aren't gone for that day, the patient knows he hasn't taken them . . . and had better do something about it.

Patients need to be reminded of the tremendous importance of taking drugs as prescribed. If they do not take them regularly, do not return to the tuberculosis clinic for a check-up and a fresh supply, they will likely find themselves back in sanatorium for a much longer stay.

And for some of these patients it might just as well be 1940, for the haphazard use of drugs has caused the tubercle bacilli to become resistant to the miracle drugs that are the mainstay of modern treatment.

—News Bulletin,

The Sanatorium Board of Manitoba

* * * * *

FRIENDS WHO SAIL TOGETHER

There are friends who pass like ships in the night,

Who meet for a moment, then sail out of sight,

With never a backward glance of regret—
Friends we know briefly, then quickly forget . . .

There are other friends who sail together
Through quiet waters and stormy weather,
Helping each other through joy and
through strife—

And they are the kind who give meaning
to life!

* * * * *

A Good husband is a gentlemen to his wife.

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



The doctor whom a patient sees most frequently is not necessarily "his" physician. Indeed, at the Sanatorium, all doctors work as a group for the benefit of each individual patient.

When admitted, the patient is assigned to a bed on a floor which is in charge of one of our doctors. However, it will probably be another doctor who takes that patient's history. It will be a different physician still who reads his x-ray films. If, as part of the investigation, lung function tests are required these are done under the direction of still another physician. If bronchograms are needed, two of our doctors combine to carry out this procedure. Bronchoscopic examinations are carried out by our surgeon or our Consultant Bronchoscopist. If physiotherapy is required, still another doctor is involved. When all examinations are completed, the patient's case is discussed before a full staff conference with all the physicians present accompanied by the Director of Nursing and the Director of Rehabilitation. At this conference, a treatment program is prescribed and the case is reviewed from time to time by the full battery of staff. If surgery is needed ultimately, the patient is transferred to the surgical floor and the surgery is done by our surgeons assisted by our anaesthetist. Part of the convalescence will probably not be on the surgical floor but in some other part of the institution under the care of a physician other than the surgeon.

The point that I am trying to make is that each patient, at any one time, has a physician who is assigned to look after his needs of the moment. Over the long haul, however, each patient has been looked after by all our physicians co-operatively. He has been truly a Sanatorium patient—not the patient of Dr. A. or Dr. B. The staff are all working for you, the patient, and each contributes his or her share to your recovery under the guidance of "your" doctor who is spokesman for the group.

* * * * *

Those who complain about the way the ball bounces are often the ones who dropped it.

The big news at this time is the fact that the Hon. R. A. Donahoe, Q.C., Minister of Public Health, has announced that the Nova Scotia Sanatorium is to embark upon a building program to replace our outmoded wooden buildings—the Annex (1904), Pavilions 1 and 2 (1912), the West Infirmary and the Service Building (1917). This is very good news, indeed. The Legislature has passed an appropriation so that we may engage an architect and get on with the planning. This will certainly add to our work load but who minds extra work when the cause is so worthwhile. Already, a Building Committee of senior staff has been set up. With good luck our plans should be completed before next spring.

* * * * *

We were pleased to welcome to the Sanatorium Miss Anne Grant, Health Education Consultant of the Canadian Tuberculosis Association in Ottawa from April 6 to 10. She is very interested in our work here and was particularly intrigued by the recent tuberculosis epidemic in western Nova Scotia. She spent many pleasant hours talking to our patients, especially those from Clare. I am sure that these young people enjoyed her as much as she enjoyed them. We hope that she visits us again soon.

* * * * *

Other visitors to the Sanatorium were Dr. Owen Clark, Physician-in-Charge of Chest Clinic Services in Canterbury, England, and Dr. C. W. L. Jeanes, Executive Secretary of the Canadian Tuberculosis Association in Ottawa. Dr. Jeanes talked to the Kentville Rotary Club about tuberculosis and Dr. Clarke addressed the Sanatorium Medical Staff who had as their guests the physicians from Kentville, Wolfville, and Berwick. Dr. Clarke had visited us a number of years ago when he was the Overseas Scholar from the Chest and Heart Association of Britain. It was good to have him back with us. We found his subject "The Real Purpose of Medicine" extremely interesting. Later in the week, he addressed the Nova Scotia Thoracic Society in Halifax on the subject of "Tuberculosis in Developing Countries". This is part of his Cross-Canada lecture tour as the Centennial Project of the Canadian Tuberculosis Association. We were indeed fortunate to be on his itinerary.

Dr. Holden and Dr. Quinlan have just returned from the annual meeting of the American Association for Thoracic Surgery in New York City. Earlier in the year, they attended the meeting in Ottawa of the Royal College of Physicians and Surgeons of Canada of which they both are members. This is one way that our physicians keep up to date. When they return from such meetings they share their new knowledge with other staff members at our weekly Journal Club as did Dr. Rostocka when she returned to us from "A Day in Cancer" sponsored by the Post-graduate Committee of Dalhousie Medical School recently.

HOSPITAL DAY

May is a month of many observances, among which is "Hospital Day". On this Day, May 12th, special tribute is paid, particularly by the nursing profession, to Florence Nightingale, the founder of modern nursing.

Florence Nightingale was born on May 12, 1820, of wealthy, cultured English parents. At an early age, she became aware of and distressed by the intense and widespread suffering caused by ignorance, disease, and poverty. Resolutely turning her back on the life of luxury and ease, which was her birthright, she studied and travelled, learning everything possible about sanitation and the care of the sick. She established a training school for nurses in England, and when the Crimean War broke out in 1854, she took a carefully chosen group of nurses to the Crimea to care for the wounded. Appalling conditions—filth, neglect, jealousy of doctors, prejudice of officers—greeted this heroic band of determined women. By the end of six months, however, an almost unbelievable transformation had taken place, and the death rate was reduced from 42 out of 100 to 22 out of 1,000 cases.

Florence's concern for her patients took her softly through the wards late each night. She always carried a lantern, and thus became affectionately known as "The Lady with the Lamp". Florence Nightingale lifted nursing from a despised and unskilled employment to a dignified and respected profession, with service to mankind its chief aim.

Notes From The Nursing Staff

Miss E. Jean Dobson, R.N., attended The Canadian Nurses Association Institute on Problem Solving in Halifax from April 11 to April 14, 1967.

Mrs. Catherine Boyle, R.N., is now Instructor in Charge of Nursing Education and will be responsible for programs in Nursing.

Mrs. Hope M. Mack, R.N., Past President of the Registered Nurses Association of Nova Scotia, and Miss Jean Dobson, R.N., President of the Valley Branch R.N.A.N.S., attended the April meeting of the Executive of the R.N.A.N.S.

Mr. Ernest Boudreau, R.N., was recently a patient at the Blanchard Fraser Memorial Hospital, but we are pleased to report he is able to be on duty as usual.

Mrs. Violetta Hunter, C.N.A., has been a patient at the Victoria General Hospital. We are pleased to see her back on duty.

Miss Floris Smith, R.N., has been most unfortunate in that she has fractured her arm for the second time this year. Our best wishes go out to her for a speedy recovery.

Mrs. Norma Hounsell, R.N., has resigned from the Teaching Department to join her husband in Kingston, Ontario, where he is studying. She will be greatly missed.

Also resigned from the Teaching Department is Mr. Robert MacKenzie, R.N., Director of Nursing Education.

Miss Judith Carey, Miss Donna Eisner, and Miss Sue Sweeney wrote Certified Nursing Examinations in Halifax in April.

Mrs. Catherine Boyle, R.N., attended the Annual Meeting of the Civil Service Association in Halifax, during the middle of April.

Mr. Bev Wade, Kentville Fire Department, was special speaker on Fire Fighting Equipment at Nursing Staff In-Service Conference during March.

On April 28, 1967, the Directors of Nursing and Nursing Education from the Schools of Nursing in Mainland Nova Scotia will meet in Miller Hall to discuss the Affiliation Program.

Mrs. Elizabeth Hatt, C.N.A., and Mrs. Judy Pattinson, C.N.A., resigned this month. Reasons: A blessed event for Mrs. Hatt; husband returning to Ontario for Mrs. Pattinson.

We are pleased to welcome back on our part-time staff Mrs. Maxine Stewart, Mrs. June Kaizer, Mrs. J. Coxhead, and Mrs. Mary Marshall.

Miss Rita MacKenzie, Clerk Typist in Nursing Office, has transferred to Point Edward Vocational School in Sydney. Mrs. Eleanor Aalders is replacing her.

Mrs. Lena Kinsman, C.N.A., is being congratulated on receiving her diamond.

Our congratulations are being extended to Mrs. Lena Kinsman, C.N.A., who has just received her diamond.

CANADIAN ASSOCIATION FOR
RETARDED CHILDREN
KINGS COUNTY BRANCH

This Association was formed about seven years ago by a small group of parents who were interested in trying to do something to help the retarded children of Kings County. In the fall of 1960 our first special class was started in Kentville with Mrs. Murphy as teacher. This grew to another class, starting in Kings-ton the following year, and to one in Waterville, and Wolfville, by 1965. In setting up these classes, teachers had to be found and salaries paid, as well as finding classroom space. This was not easy. With the help of different churches, class-room space was made available. The Municipal School Board was approached in regard to the possibility of hiring and paying the teachers. This was refused, but we found out that we were eligible, under the foundation programme, to have two-thirds of teachers' salary paid by the Provincial Government. So it was agreed that if the School Board would do the administering, the Association would raise the other one-third and also provide transportation for the children.

This meant raising some \$4,000.00 per year. With the help of people like yourselves, service clubs, and the general public, we did very well.

After many meetings with individuals and School Board members, we were told, in the winter of 1966, that the Municipality would take over our classes completely, plus transportation at the beginning of the school term, 1966-67. This was a great relief to us. At the end of the year 1966, we had a deficit with the School Board of some \$2,000.00, which since has been paid.

Different years we have tried to send some children to summer camp for three weeks. In 1966 we were able to send four children to camp for three weeks at a cost of \$35.00 per week per child. This was money well spent. This summer we hope to be able to do this much or more.

Our financial Campaign is starting again with Mother's Day, in May, so we are hoping that, with the help of everyone, pre-school classes can be organized soon and also, that an activity centre can be set up in the county.

This is what we have been doing with your money and others' in the past, and you can see there is much more to be done to make these children happy, and to make them feel that they are a part of society.

—Earle Balsler, President,
Kings County Association for
Retarded Children

THE MAIL BOX

100 Atkinson Ave.,
Moncton, N.B.,
April 18, 1967

Dr. J. E. Hiltz,
Kentville Sanatorium,
Kentville, N.S.

Dear Dr. Hiltz:

In addition to the questionnaire I would like to add that, since my release from the San, I have been quite fortunate as far as my health is concerned. After leaving and starting back to work, I had such jobs as working in saw mills and the lumber woods. I even worked with pick and shovel; so having Tb. did not stop me from working hard. I spent two years in Ontario doing chrome, copper, and nickel plating, which would not be good for one who has always had his health. The last thirteen years, I have been working in a warehouse in Moncton, and am now Warehouse Manager for the Kenneth M. Smith Company, Limited. I am married and have four children. The family have their check-ups with the patch test, etc., at school, and have never developed any trouble.

I understand that, since my time in the San, things have changed considerably, and the cure is not so long. Some years ago they closed the River Glade San completely.

Just wanted to mention these things to prove that Tb. does not mean the end of the world.

Yours sincerely,
Stanley Bamford.

(Stanley Bamford, formerly of Stewiacke, Nova Scotia, was a patient here from 1946 to 1947.)

That tuberculosis cases are on the increase is information that is substantiated by the State Health Officer, Dr. Hugh E. Dierker, who reports that 327 new cases were diagnosed during 1966, as compared to 266 for 1965, or an increase of 23 percent.

It can be expected that every one of the new active cases, infected several people with the tubercle bacilli; and it is also unfortunately true, that these newly infected persons are at high risk of developing active diseases themselves within the next few years, unless they receive, and accept, rather prolonged preventive therapy with anti-tuberculosis drugs. This is the vicious cycle of TB; and it's the chain which must be broken, if we are ever to achieve our goal of a generation of Kansas children free of tuberculous infection.

—from Health Education via Kan-San

The Social Assistance Act

Part II

Income

Income—Income shall be calculated as follows:

Wages, gross earned	50%
Boarders, gross received (Minimum charge of \$10.00 per month per person must be made)	25%
Roomers, gross received	80%
Rents from properties, gross received	50%
Unearned income	100%
Business, net profit	100%

Vocational Training Allowance—if living at home deduct as wages; if living away from home—deduct adult board rate; balance considered as wages.

Contributions — under \$35.00 per month not considered, 50% of remainder charged.

The Municipal Units are expected to follow this budget, but many prefer to have their own budget. It is too early yet to know whether any number of Units will be using a budget which is more generous than the Provincial Standard.

To prevent totally inadequate payments the Province has set a minimum below which, exclusive of resources, no Municipal calculation of need may fall. The minimum budget payments are as follows:

Persons in Household	Minimum Monthly Assistance	Minimum Weekly Assistance
1	\$35.00	\$ 8.00
2	50.00	11.50
3	60.00	13.50
4	70.00	15.50

more than 4 persons: \$6.00 per month additional or \$1.50 per week for each person in excess of 4

If an applicant or recipient is dissatisfied, and for sufficient reason, he has the right of appeal both under Part 1 or Part 2. Such appeals must be of a responsible nature and this decision is made by the Director of Social Assistance. If he decides the appeal should be allowed the Board then hears the appeal. There are eighteen separate boards, one serving each county. A Chairman is the permanent head of the Board. The additional members—usually two—are appointed on an "ad hoc" basis. The decision of the appeal board is final and is not subject to any review unless the circumstances change.

Any person, including a member of the field staff, may act on behalf of, or as the agent of, the applicant to appeal a decision on his behalf.

The Province, through the Nova Scotia Medical Society, using Maritime Medical Care as its agent, provides free medical care to all recipients of Provincial Social Assistance and to all recipients of Municipal Assistance who have been receiving assistance for longer than six months.

The Province pays for no other health services. As already stated, each Municipal Unit must determine what additional health services it will provide. The prepared plan provided by the Nova Scotia Medical Society is subsidized by individual members of the profession who provide services but are often paid on the basis of prorated fees.

The entire program is made possible under the Canada Assistance Plan passed in the summer of 1966 and effective April 1, 1966. The Plan is a comprehensive public assistance program under which the federal government will share the costs of all assistance paid under provincial law in compliance with the requirements of the federal law.

The benefits which the Canada Assistance Plan will enable the Province to provide are considerable:

First: 50 per cent of the costs of assistance payments described on a needs test basis;

Second: 50 per cent of the costs of maintaining children in foster homes;

Third: 50 per cent of the costs of maintaining children in child care institutions;

Fourth: 50 per cent of the costs of Welfare Services such as:

- Rehabilitation Services
- Work Activity Programs
- Homemakers Services
- Day Care Services
- Community Development Services

Welfare service may be provided to persons in need, or persons who are likely to become persons in need.

Needless to say, no service shareable under the Canada Assistance Plan will be possible or available, unless the Province on the Municipal level of government initiates the service. The federal government has no control over this decision.

The Province in its Social Assistance projects include three categories of disability:

1. Payments may be made to needy families with one or more children under 18 years of age where the breadwinner is disabled;
2. Payments may be made to needy individuals who qualify as disabled;
3. Payments may be made to a foster mother on behalf of children one or both of whose parents are disabled.

Need must be proven in all three cases in compliance with the Act and the payment as prescribed in the Act and Regulations.

The definition of disability remains substantially the same as in previous years. Decisions re disability are subject to appeal.

We hear much these days about the War on Poverty. Society as a whole has been more sympathetic to the financial needs of the aged than any other group. This leads to some interesting and contradictory positions.

The first maximum payments to families in need—mothers' allowance—was \$60.00 per month beginning in 1930. This was eventually increased to \$80.00 and then to \$90.00 per month in 1958. This

RECESSIONAL

God of our fathers, known of old—
 Lord of our far-flung battle line—
 Beneath whose awful hand we hold
 Dominion over palm and pine—
 Lord God of Hosts, be with us yet,
 Lest we forget—lest we forget!

The tumult and the shouting dies—
 The Captains and the Kings depart—
 Still stands thine ancient sacrifice,
 An humble and a contrite heart.
 Lord God of Hosts, be with us yet,
 Lest we forget—lest we forget!

For heathen heart that puts her trust
 In reeking tube and iron shard—
 All valiant dust that builds on dust,
 And guarding calls not Thee to
 guard,—

For frantic boast and foolish word,
 Thy Mercy on Thy People, Lord!
 —Rudyard Kipling

"Recessional" was written by Rudyard Kipling on the occasion of Queen Victoria's Diamond Jubilee. It is well to be reminded of its message as we again celebrate the good Queen's birthday, which falls on May 24 (Victoria Day), but which in latter years, has been held (in Canada) on the Monday nearest that date—this year, May 22.

maximum applied until 1966 regardless of need or size of family.

This resulted in an average payment per person of \$21.65 per month.

At the same time, maximum Old Age Assistance payments and Old Age Security payments were \$75.00, or about 3 times as large. The disparity between Old Age Security, Old Age Assistance, and Municipal Assistance was even greater where the payments averaged about \$12.00 per month.

The gap has now widened with Old Age Security payments set at a maximum of \$105.00 per month.

Actually, the maximum payments of \$150.00 per family achieved in 1966, represents an increase in one year twice as great as had been achieved in the previous 36 years. But even with this increase, we lag far behind federal payments to the aged and to veterans.

James C. MacNeil,
Administrative Assistant,
Dept. of Public Welfare

THE NIGHT NURSE

She keeps her lonely vigil through
 The dark and dreary night.
 Alert and silent, watching in the
 dimly burning light.
 Her presence is a blessing, for she's
 ready to perform
 The little tasks that make her patient
 comfy, safe and warm.

Kind, sensible and able as quiet
 as a mouse,
 She brings a sense of comfort to
 the troubled in the house;
 For they can go to sleep at night,
 and know that she is there,
 Content to leave their loved ones
 to her wise and tender care.
 God be with such good women as
 they watch the long night through,
 And may they be rewarded for the
 splendid work they do.

Author not known
 —Via Iowa Stethoscope

* * * * *

THE LITTLE THINGS

Life is made up, not of great sacrifices or duties, but of little things in which smiles, given habitually, are what win and preserve the heart, and secure comfort.

—Sir Humphrey Davy

Question Box

Dr. J. J. Quinlan



Q. What is the tuberculosis organism? Is it a germ, parasite, or virus? What makes it so difficult to conquer and destroy?

A. There is some confusion of terms in the above question. The word "germ" is used in lay circles to designate a microscopic living

organism which can cause disease in the body. Such an organism may be a parasite, a virus, or one of the numerous bacteria. The causative agent of tuberculosis, the tubercle bacillus, is a bacterium. It is an acid-fast bacillus so called because, when stained, treatment with acid and alcohol does not decolorize it. In other words, when sputum containing tubercle bacilli is smeared on a glass slide and is treated with a special stain, all the germs in the specimen will take up the colour of the stain. Sputum contains many organisms other than the tubercle bacillus and these also are stained the same colour. If the slide is now treated with acid alcohol those germs which are not tubercle bacilli lose their colour and are no longer visible when the slide is examined under the microscope. The tubercle bacilli being resistant to the effects of the acid-alcohol, or acid fast, retain their colour and they are thus easily seen by the microscopist.

One would dispute the contention that the tubercle bacillus is difficult to conquer and destroy. The organism is very vulnerable to modern drugs except in the rare instance where it has developed resistance. The difficulty sometimes arises in bringing drug and germ together. This happens when active tuberculosis remains undiagnosed. It will also occur in the patient under treatment with drugs when the germs become walled off in a focus in the lung or, less commonly, in some other organ. In these cases, full control of the disease can best be achieved by surgical extirpation of the involved tissues.

Q. Do patients ever have active disease with cavity formation without expectoration?

A. Frequently, patients will deny the presence of an expectoration when the X-ray examination of the chest discloses the presence of one or more cavities in his lungs. This is most common in the younger individual who is not as accustomed to coughing and spitting as the cigarette-smoking adult. The cavities are producing secretion containing tubercle bacilli and this eventually finds its way up to the patient's mouth, frequently with the help of an unnoticed slight cough. However, in many cases, instead of spitting, the individual consciously or unconsciously swallows and the secretion ends up in the stomach. This explains why gastric washing is so effective in recovering tubercle bacilli from many tuberculous patients.

Q. Is there any pain in pulmonary tuberculosis and, if so, what causes it?

A. Pain will not occur in pulmonary tuberculosis until the parietal pleura becomes involved. The parietal pleura is the smooth, glistening membrane lining the inside of the chest. The lung itself is insensitive but the parietal pleura is well supplied with sensory nerves. When the tuberculous lesion is near the surface of the lung the parietal pleura becomes inflamed. In such a case the patient will experience pain in the chest which will be worse on deep breathing or coughing.

Q. May a patient who has had tuberculosis of the spine ever have children and, if so, how long after healing has been achieved?

A. There is no reason why a woman with healed tuberculosis of the spine may not bear children but preferably this should be deferred until the disease has been judged to be inactive for at least one year. The only problem that might conceivably arise would be in the patient who had originally extensive involvement of the lumbar portion of the spine and who, as a result, had extensive fusion of the vertebrae in this area. In such a case, Caesarian Section might possibly be preferred to normal delivery.

30 Years Ago

Eileen Hiltz

The opening poem of the May 1937 issue of **Health Rays** is by John Masefield, Poet Laureate of England, and it recalls an important event in our history: the coronation of King George the Sixth. That excellent king reigned for fifteen years, and—can you believe it!—his daughter who succeeded him has reigned already an equal number of years. If we never meant it before, we do now—How time does fly!

The San Personality examined by Allen d'Entremont for the May issue was Frances "Fanny" Mason, whose name will be well remembered by Old Timers of the 'thirties. Fanny, noted for her nimble wit and love of pranks, was in the forefront of all Sanatorium activities during her Pavilion days.

We don't need to be reminded that this is a backward Spring. Just after we listened to Rube Hornstein once again warning of snow flurries, we read these words written at the same time 30 years ago: "At the Nova Scotia Sanatorium this spring, nature and man have co-operated to an unprecedented extent in making the

MOTHER O'MINE

If I were hanged on the highest hill,
 Mother o'mine, O mother o'mine!
 I know whose love would follow me still,
 Mother o'mine, O mother o'mine!
 If I were drowned in the deepest sea,
 Mother o'mine, O mother o'mine!
 I know whose tears would come down to
 me,
 Mother o'mine, O mother o'mine!
 If I were damned in body and soul,
 I know whose prayers would make me
 whole,
 Mother o'mine, O mother o'mine!
 —Rudyard Kipling

Sanatorium grounds a thing of beauty. Old lawns have been refreshed and new lawns have been created where none were before. A profusion of flower beds, scattered about the grounds give promise of bright beauty spots for the eyes of the patients and their visitors. Even the birds have been remembered, and suddenly an array of small gay houses have blossomed among the branches of many trees; already these are occupied and the work of nest-building goes on apace." For once they were in truth the good old days.

Because our comments are on the brief side, we'll give you two jokes this time:

"How's you feelin' now Sam?"

"Liza, I'se a sick man. De doctor says I'se got berklosis."

"Dat's all right, Sam; we'll take care of you, and get rid of dat berklosis."

The following day Sam was more depressed than ever.

"Taint no use, Liza; no use. I ain't never goin' to get well. Dis morin' de doctor says I got two berklosis."

And this one:

"Well, Billy, how do you like your new little sister?"

"Oh, she's alright, I guess; but there's a lot of things we needed worse."

GOD ANSWERS PRAYER

I know not when He sends the word
 That tells me frevent prayer is heard;
 I know it cometh soon or late,
 My part is but to pray and wait
 I know not if the blessing sought
 Will come in just the guise I thought.
 I leave all care with Him Above,
 Whose will is always one of Love.

—Kan-San

* * * * *

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EDITORIAL COMMENT

Very frequently it has been remarked that the success of the cure depends upon team work. Traditionally, we mention the doctors, nurses, rehabilitation workers, and sometimes, the gardener. The wise ones never fail to note that PATIENTS are on the same team: If these are experienced as well as wise, they will no doubt grant that the PATIENTS, indeed, are the most important members of the team. Sometimes we wonder if the patients accept their responsibility; but also, we sometimes wonder if other members of the team realize how difficult a part we expect the patient to play.

We acknowledge, sometimes grudgingly, that it takes guts to stick to the cure; our implication often is that a man worth his salt has an ample supply of this commodity; we forget that some have not had time to develop their store, and that others have been drawing on it for many months, maybe years, before they come to our doors requesting help.

Today we want to stress that, no matter how extensive the supply of this most desirable characteristic, it cannot be put to use unless a catalyst called "morale" is present. This is where the rest of us must play our part: We suggest that courage is very personal, but that morale is in some way different, and is communicated to the person by the environment. The first might be thought of as physical; the second, as mental or spiritual.

My first contact with The Canadian Mental Health Association was established eleven years ago when I came to work at this Institution. I found that Doctor Hiltz was one of the prime movers in the organization, and had made space available here for their meetings. Over the years I have found great reason for concern about the mental health of our patients for, if they are given to worry, anxiety

and despair, then they will not cure well, or, abandoning all hope, they will discharge themselves.

We believe that high morale is a sign of good mental health, and that those factors that contribute to high morale, also contribute to good mental health. How, then, can we manipulate the environment so as to encourage high morale good mental health, and provide a milieu in which a patient's courage will be supported and have an opportunity to flourish?

We are taught that each and every person must feel important. In this situation we must leave no stone unturned to prove to our patients that they are the reason for our existence. Idleness is traditionally known to be a breeding ground for worry; therefore, we must give these persons who have placed themselves in our care something to do with all the spare time that they are forced to spend under our roof. A man will quickly lose his self-esteem, and his mental health if he becomes overly dependent. Is it possible to **take the cure** without becoming dependent? Do we who man this Institution promote dependency? Do we know the antidotes? Do we use them?

The first week in May is recognized throughout Canada as Mental Health Week. The Staff of The Sanatorium give generously to the Canadian Mental Health Association through our Combined Charities Fund, and C.M.H.A. is thankful. Let us this year examine all our procedures to determine ways and means of promoting the better mental health and high morale of our patients, by developing an environment in which their natural courage will make each and every one a real team-mate in the fight to win the battle-of-the bug.

Birthday Cakes are our Specialty

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**THE SALVATION ARMY
RED SHIELD APPEAL**

A voice on the phone, full of choked tears, asks the simple question, "Will you help us? My daughter is in trouble . . ."

In the drab colour of a prison uniform, the young man anxiously asks for news of his wife and small family living in another province . . .

A wrinkled dirty-looking letter clutched in the hands of an aged father, tells the story of the son, away from home, in debt, contemplating ending it all . . .

The charcoal frame, sinister against the whiteness of the surrounding snow, speaks loudly of the tragedy of a lost home . . .

Born just over one hundred years ago, in England, when a young man boldly stepped into the centre of the circle at an open-air service and preached the wonderful "good news" of the gospel of Jesus Christ, The Salvation Army moves into situations like these to help.

William Booth quickly realized that if he were to preach Jesus to those in need, he must also follow Jesus' example and not separate the soul of man from the body of man. One needed the Bread of Life; the other, the staff of life. If he were to preach the universal love of God to the "whosoever", he must also show that universal love at work in his own heart to those about him. Thus, in the heart of this unknown man, God created a compassion for others, and from this small beginning, has grown The Salvation Army, which has earned the love and respect of people on all continents.

The Army is a Spiritual movement with a strong social conscience, and today, supervises and operates more than one thousand institutions and agencies. Since coming to Canada in 1882, The Army has spread from ocean to ocean, and in communities like our own, The Army has at its disposal all the facilities in other centres. To show how this works: Quite recently, two young girls made application to enter the Un-

* * * * *

One of your greatest possessions is the 24 hours directly ahead of you.

—Grit

married Mothers' Home of the Army in Halifax. Another time, a mother became worried about her child, who had gone to another province to work, and neglected to write for a lengthy period. The mother's letters were always returned with the familiar stamps "whereabouts unknown". Once more the Army came to the rescue. Its Missing Persons Bureau was contacted through the Officers in the mother's town, and within twenty-four hours, the mother and daughter were talking via phone, and the mother was reassured, knowing that someone who cared would help her child.

Still on the local level, The Army Officer becomes the parole officer to those coming out of prison, and both counseling and practical assistance is given to help establish the family unit once more. Bedding, furniture, and personal clothing are provided for those in need of such help. Groceries are the articles most often supplied, coupled with the greatest need—to feel that though "down on their luck", each individual is important and cared for.

And so the story goes. The complex society in which we live creates problems of such variety and magnitude that this is but a glimpse of the diverse activities constantly engaged in by this Army of uniformed people nicknamed "The Sally Ann". It is not hard to see why The Army makes an appeal to the public each year, for it is indeed the "servant of the public". It does not matter what your religion, your race, or the color of your skin may be; if The Salvation Army can help, it will.

This year we will be seeking the sum of \$4500 in our annual appeal. A donation to The Army may put bread on your neighbour's table; may buy the drugs needed for that sick child; may help unite a family; may help a young person in trouble with authorities; may see that a child is born with a physician in attendance; may buy fuel for a home, etc.

Help us to show others, that you care.

* * * * *

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The disciples saw Jesus feeding the five thousand, yet they did not ask him to multiply material things. They saw Him performing miracles of healing, yet they did not say to Him, "Lord, teach us to heal." He "spake as never man spake", yet they did not ask Him to teach them to preach. They heard Him pray; they saw what prayer meant to Him, and through Him to others, and they said, "Lord, teach us to pray."

This incident is recorded in the eleventh chapter of the Gospel according to St. Luke. Following this request to teach them to pray, Jesus taught His disciples the Lord's Prayer. "And He said unto them, 'When ye pray, say, Our Father'."

Prayer was one of the great characteristics of Jesus' life. It was always given a place in His life. The same is true of the lives of all the great Christians, past and present. If, out of the pages of history, the saints were to come walking before you, you would marvel at their assurance, their certainty, their devotion. If you were to ask them where they received that particular quality that made them saints, they would all say the same thing: "It came from the constant life of prayer." Most of them were just common, ordinary folk like ourselves, who believed in the power of prayer and prayed without ceasing.

MOTHERS AND OTHERS

Others weary of the noise,
Mothers play with girls and boys

Others work with patient will,
Mothers labour later still.

Others' love is more or less,
Mothers love with steadiness.

Others pardon, hating yet;
Mothers pardon and forget.

Others keep the ancient score,
Mothers never shut the door.

Others grow incredulous,
Mothers still believe in us.

Others throw their faith away,
Mothers pray, and pray, and pray.

—Amos R. Wells

Jesus said: "Ask, and you will receive; seek, and you will find; knock, and the door will be opened to you. For everyone who asks will receive, and he who seeks will find, and the door will be opened to him who knocks."

Sometimes it seems that we pray in the wrong way. We feel that praying is an Aladdin's lamp; and that if we rub it, God will give us what we want. It is not always good to be given what we want. God knows better than we do; and as we look back, we can often see that He gave us what was best for us. Our life does not always fall in easy places. Sometimes we have learned that it is in the difficult places that our characters have developed, and we have found that we have been able to use our lives to do something worthwhile for other people. It does not always come about that we get the answer directly. God often answers prayer through other people — through you or through me—if only we put ourselves in the right relationship with Him.

Take time each day for prayer. Give Him thanks for His blessings to you. In prayer there will be a deepening of the relationship between God and you, and as that relationship deepens, life will take on new meaning. "Lord, teach us how to pray."

LIFE'S VIOLIN

Responding to the master touch,
The violin poured forth
Its music, sweet and low,
When suddenly its rapture broke!
Its music for a moment ceased . . .
A string had snapped beneath the bow.

The master kept right on, when lo!
Another broke, and still one more . . .
And one was left alone!
And on it played the master hand
The melody, angelic sweet,
In clear triumphant tone.

When time and circumstances break
One string, and then another,
Of things to which we cling,
Is there a compensating sweetness,
Played full and clear,
Upon the one remaining string?

—Tabitha Marie Ritzmann

* * * * *

The most disagreeable person—THE
COMPLAINER

Garvin (outside of telephone booth waiting to use phone): "Can I help you find the number you want?"

Young Woman: "Oh, I don't want a number. I'm looking for a pretty name for my baby."

* * * * *

Lady: "Can you give me a room and bath?"

Clerk: "I can give you a room, madam, but I'm busy now and will give you the bath later."

* * * * *

Dr. Crosson (on April 1st): "How do you feel this morning?"

William: "Well, I'm a bit tired after the long March of 31 days."

* * * * *

Nicole: "You have quite a hobby for collecting rare things."

Louise: "Yes, I often spend silent rest hour collecting my thoughts."

* * * * *

Arthur: "Does fish strengthen the brain?"

James: "Maybe not, but going fishing seems to invigorate the imagination."

* * * * *

John: "They say that paper can be used to keep a person warm."

Gordon: "Quite true. I remember a thirty day note once that kept me sweating the whole month."

* * * * *

Michael: "On which side of the cow do you milk her?"

Ronald: "On the udder side."

* * * * *

Watch your step—there just is no dignified way to slip on an icy sidewalk.

Miss Lacey: "Had went" is ungrammatical."

Bruce: "Always?"

Miss Lacey: "Always."

Bruce: "How about this? 'When Uncle Bill died, everything he had went to his wife.' "

* * * * *

Enthusiasm, most often, is apt to breed more action than accuracy.

* * * * *

The customer was poking around the fruit counter, trying to get something as cheaply as possible. He finally settled on five apples and handed them to the clerk.

"That will be 85c, please," the clerk said.

The customer handed the clerk a dollar bill and started to walk out.

"You forgot your change, sir," the clerk called after him.

"That's all right," the customer said, "I stepped on a grape on my way in."

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Old Timers

That the robins have returned from their sojourn in the South has long been evident, but what their feelings must have been on receiving such a cold reception is a matter of conjecture. Anne Marie has also returned—from Yarmouth — with some much-hoped-for news of ex-patients.

While in Yarmouth, she was invited to supper at the home of Doris Tupper. In Anne Marie's estimation Doris ranks "tops" as a cook and hostess. This lady, who cured at the Sanatorium in 1950, and is now busy with preparations for the marriage of her oldest daughter, which is to take place this summer, is well.

Anne Marie ran into Clarice (Kendricks) Hill of Shag Harbour at the Lobster House one day. Clarice was here as a patient in 1928 and returned in 1950 as a member of the Rehab. Staff. She is well and had a visit with Eleanor and Byron Corkum in their lovely new home on Berlin Street in Halifax. This San romance has blossomed into the happiest of marriages.

Anne Marie also talked with old timer Louis Comeau, formerly of Saulnierville Station, but now living in Yarmouth. Louis is well and represents Trask Agency of Yarmouth in the capacity of salesman. His family of two (sons) will likely have increased to three by the time this appears in print. Louis' curling days go back to 1953.

Recently, Anne Marie received a card from Elda T. Smith, a much-loved patient of 1941. "Elda T.", as she was affectionately known, is quite well physically, but is nearly blind. Although able to distinguish only between darkness and light, she still maintains her interest in growing flowers, and has a window-box garden.

Still dipping into her correspondence file, Anne Marie finds that Claire Trenholm, formerly of Fort Lawrence, Cumberland County, is now Mrs. C. E. Hulit of Flint, Michigan. Claire cured here in 1943, took a business course after her discharge, and in 1951, married Mr. Hulit of Liverpool. For four years they made their home in Saint John, N.B., then moved to the United States where their only child, Catherine Patricia, was born in 1957. Every second summer Mrs. Hulit enjoys a visit to her native Nova Scotia.

From *The Chronicle-Herald* we learn that John Burbine of Amherst, who took the cure here in 1950, has been nominated N.D.P. candidate for his constituency.

From the same source we have news of Sister Mary Calixtus, who was a patient

here in 1945. The sister was celebrating her fiftieth anniversary in the religious profession. Our congratulations!

Congratulations also to Marlene Watt of Barrington Passage, who spent some weeks on the investigation floor here earlier this year. Marlene has had the honor of being chosen as a Nova Scotia representative to Rendez-Vous '67 in Ottawa. This is in recognition of her outstanding contribution to the Junior Red Cross.

Cecil Rushton, a patient here in 1958, came down from his home in Springhill

THIS HALF PAGE WITH THE
COMPLIMENTS OF

Don Chase, Ltd.

for a regular check-up one day recently. Cecil does little except odd jobs around the house.

Verna Mason, who in 1946 was a popular patient, and later a nurse, recently paid a visit to her cousin, Mrs. Marjorie Smiley. Verna is Matron of the Eastern Shore Memorial Hospital in Sheet Harbour.

Peggy MacEachern passed on to us an interesting bit of news about Robert Stalker of Barney's River, who got some of his schooling here in the early 'Sixties. "Robby" (now fourteen) was a competitor in the recent New Glasgow Music Festival, and tied for third place in a group of five, in Piano Sight Reading. His mark was 79, and the Adjudicator's comment was: "Robert had a pleasant tone and good tempo." Congratulations, Robbie!

A recent issue of *The Advance* (Liverpool weekly) carried a picture of Robert MacLaren, popular announcer and commentator over Radio Station CKBW, Bridgewater. Bob was one of the Adjudicators at the Queens County 4-H Rally, held in Milton. Bob's San "career" dates back to 1956.

Mrs. Marjorie Elliott, formerly a popular out-patient nurse in Medical Section, and who has been a patient at the V.G. Hospital for some time, will soon be getting her discharge. Mrs. Elliott writes that she was delighted to have a visit from Mrs. Eulah Hamilton and her daughter Germaine (better known as "Kandy") from Beechville, Halifax County. Both cured here in the early 'Sixties and are very well, now.

Marguerite (MacNamara) Parker, former San patient and Rehab. Staff member, and hubby Herb spent Easter in Bermuda. In July Marguerite and Herb will be leaving their Halifax home and taking up residence in Ottawa.

While having a meal at Murray's Restaurant, Lord Nelson Hotel, Mr. Barrett of the Rehab. Dept. discovered that the head waitress was no other than Mrs. Stella Gaudet of Dartmouth, who cured here in 1965. Mrs. Gaudet looks and feels very fit indeed.

Miss Jean Dobson of the Nursing Staff met Roy MacGregor of New Glasgow in

* * * * *

Nuff Sed

"Could you give a poor fellow a bite?" asked the dust-stained tramp.

"I don't bite, myself," answered the lady of the house, "but I'll call the dog."

Halifax one day recently. Roy was in the city to attend a Maritime Tel and Tel Conference. From him Miss Dobson learned that Peter Stucchi and family have moved from Stellarton to Montreal. Both Roy and Peter took the cure here in 1966.

Congratulations to Stanley Robichaud of the Rehab. Staff on successfully completing the first year in the Adult Education Class Program. This program was conducted by the Wolfville School Board in co-operation with the Adult Education Division of the Department of Education, and the classes were held in the Wolfville High School.

* * * * *

Usher: "May I help you, sir?"

Man: "I lost a caramel."

Usher: "Oh, I though it was important."

Man: "It is. My teeth are in it!"

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Just Jesting

A proud young father wired the news of his happiness to his brother in these words:

"A handsome boy has come to my house and claims to be your nephew. We are doing our best to give him a proper welcome."

The brother, however, failed to see the point, and wired back:

"I have no nephew. The young man is an impostor."

* * * * *

"Why did you wake me out of a sound sleep?"

"Because there was just too much sound."

* * * * *

Mrs. MacKinnon: "Who is the Minister of War?"

Bernard: "The Minister who preaches to soldiers."

* * * * *

Katherine: "Do you like cocktails?"

Kitty: "No, nor can I see how anyone can eat fowl's feathers."

* * * * *

WHY DAD BLUSHED

Father criticized the sermon, mother disliked the blunders of the organist, and the eldest daughter thought the choir's singing atrocious.

The subject had to be dropped when the small boy of the family, with the schoolboy's love of fair play, chipped in with the remark:

"Dad, I think it was a jolly good show for a penny."

—Cumberland Herald

* * * * *

Question: "What is a caboose?"

Answer: "An Indian baby."

* * * * *

Jacques: "What is an operetta?"

Russell: "A girl who answers the phone."

* * * * *

Have you heard the aspirin story—the one about the three Bayers?

* * * * *

One time when Austin Amirault was in Halifax he went into a restaurant that advertised rapid service, but didn't give it. He gave an order, waited patiently, and fell asleep. He awoke to hear the waitress' voice asking: "Did you order this sundae?"

"Good heavens!" Austen exclaimed, "what day is this?"

Au cours de la visite d'un manoir historique, notre guide nous designa le dalage depierre du jardin et nous informa que les marques visibles sur plusieurs de ces pierres passaient pour etre des empreintes de dinosaures. Stupefaite, la dame qui se trouvait a cote de moi se tourna vers son compagnon.

"Je n'aurais jamais cru," lui dit-elle, "que ces betes venaient aussi pres de la maison!"

—Readers' Digest

* * * * *

Wife: "Look at that adorable dress in the window, John. Let's go buy it!"

Hubby: "Certainly, dear, right by it."

* * * * *

Paid Well

A youngster walked into a bank to open an account with \$25. The teller smiled and asked him how he had accumulated so much money.

"Selling magazine subscriptions," said the boy.

"You've done very well. Lots of people must have bought them."

"Nope," answered the boy proudly, "Only one family—their dog bit me."

* * * * *

"Now, Johnny, be a good boy and say 'Ah-h-h,' so the doctor can get his finger out of your mouth."

* * * * *

Betty: "How do you use the word 'boycott'?"

Ora: "Farmer Jones chased his son and didn't catch him until the boycott his pants on a wire fence."

* * * * *

Beatrice: "What is worse than raining cats and dogs?"

Mae: "Hailing cars."

* * * * *

Robert: "Don't bring the coffee too strong, nor the toast too brown."

Mary: "And I s'pose, nor the water too wet?"

* * * * *

Charlene: "So you think book-ends would be a good present for Germaine?"

Alzora: "Just the thing, that's the part she always reads first."

* * * * *

May: "Talking with a man! Have you lost respect for that engagement ring?"

Mary: "Yes, the jeweller just told me what it was worth."

INS and OUTS

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* * * * *

Patient: "Your bill reads: Twenty-five visits, one hundred dollars; medicine, fifteen dollars."

Doctor: "Exactly."

Patient: "Well, I'll pay for the medicine and return the visits."

—The Pine Cone.

* * * * *

A man who believed he knew all about parrots undertook to teach what he thought to be a young, mute bird, to say "Hello!" in one lesson. Going up to the cage, he repeated that word in a clear voice for several minutes, the parrot paying not the least attention. At the final "Hello!" the bird opened one eye, gazed at the man and snapped out, "Line's busy!"

—Forest Leaves

* * * * *

Devant passer la nuit a Chicago, le president Lyndon Johnson descendit au Hilton. Tout le personnel se mit en quatre pour appreter l'unique repas qu'il devait prendre a l'hotel: le petit dejeuner. On convoqua specialement trois chefs, qui se presenterent a 4 heures du matin, et l'on elabora un menu a la mesure de leurs talents. Le moment arriva enfin ou le president commanda son petit dejeuner—cereales et cafe.

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In **The Lighthouse** (Volume 5, Number 3) Mr. Wellard gives the following statistics:

People rehabilitated	199
Number of Men	718
Number of Women	199

Remaining statistics were also very interesting!

* * * * *

We of Health Rays want to wish Robert MacKenzie, R.N., the best of luck in whatever position he undertakes to fill. At the time of writing we understand that he has left us to work in Edmonton and that he was not sure in what capacity. Here at the Sanatorium we never heard anything but high praise for the quality of instruction provided to the affiliate nurses and the C.N.A.'s while he was Director of Nursing Education. His department was efficiently run. He was respected by the students. Good luck Bob!

* * * * *

A good and long friend of the Sanatorium has ceased his regular visits due to increasing age and decreasing vitality. We refer to Mr. Charlie Bush who for so many years was a faithful visitor to our patients doing his best to bring what comfort, pleasure, and inspiration he could and always asking God's blessing on those whom he was visiting. We regret that Charlie (as he was affectionately called) is no longer able to "make rounds". We are sure that most of the patients looked forward to his visits and we are proud that we never heard any patient complain of Charlie's ministry. Some of his friends have urged Mr. Bush to seek the comfort and safety of a "home" but he has chosen to remain with his sister at their home on Belcher Street. We are sure that Charlie will be lonesome for his friends here at the Sanatorium.

* * * * *

College prof: "Some people speak from experience and others, from experience, don't speak."

atorium and would appreciate hearing from them.

* * * * *

We are pleased to note that an article written by Dr. Hiltz for Health Rays has been copied in the **Sanatorium Outlook** published by the State Sanatorium of Arkansas in their March-April edition. The article referred to is about adjusting to Tb. We also note that it reached the **Sanatorium Outlook** by way of the **Valley Echo!** We are pleased that this article has found such wide acceptance and we suggest that it is because of the insight shown by Dr. Hiltz into the feeling of patients during their long period of hospitalization and the wise counsel which he offers them.

* * * * *

Should we put a sign on the door of the Rehabilitation Workshops "Patients Welcome". Two instances have come to my attention lately which would suggest that our lines of communication are down: 1. A patient asked if he might come in to the Woodworking Shop, and 2. A patient said that he did not know that we had a darkroom that he might use. We often complain that practically no patients use the East end of the Rehabilitation building and it appears that it may be our fault. We would therefore like to mention that in addition to the woodworking shop there is a book bindery, a photographic darkroom, and a radio workshop all meant to be for the use of the patients. How about it? Walk in! You are welcome!

* * * * *

We have learned with pleasure that Mrs. Catherine Boyle is to be Instructor in Charge of the Nursing Education Department. Good luck Judy! We look forward to seeing you wearing your new hat!

* * * * *

Secretary to Office Manager: "I've taken all the criticism of my work that I'm going to take! How do you spell 'quit'?"

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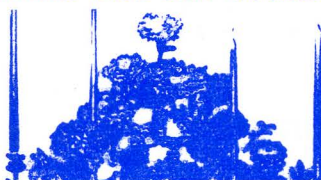
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