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DALHOUSIE

NOVA SCOTIA SANATORIUM

OCT 27 1966

VOL. 47

OCTOBER

NO. 9

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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>
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Roman Catholic—Parish Priest ...	<i>Rev. John F. DeLouchry</i>
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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

Authorized as Second Class Mail, Post Office Department, Ottawa
And For Payment of Postage in Cash

Vol. 47

OCTOBER, 1966

No. 9

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



On September 19 and 20th, some 180 members of the staff of the Department of Public Health met at the Nova Scotia Sanatorium. This was a workshop at which members of the Department exchanged ideas and were brought up to date in respect to what is new in the field of Public Health. The meeting was led by

Dr. J. S. Robertson, Deputy Minister, who was himself a member of the Medical Staff of the Nova Scotia Sanatorium 1934 to 1935.

The following two days, the Nova Scotia Branch of the Canadian Public Health Association met at the Cornwallis Inn. President and presiding officer of the sessions was our Dr. Helen Holden who received congratulations for a job well done. Next year's President is Dr. Clarence Young of Pictou who was for a number of years on the Medical Staff of the Nova Scotia Sanatorium and later was Medical Superintendent of Point Edward Hospital. Mrs. Shirley Maxwell, who is in charge of our Pharmacy, was part of a panel discussing "Poisoning". Dr. Crosson gave a very excellent paper on "Drowning" and Dr. Quinlan presented a paper on "Pneumonectomy" to the meeting of the Nova Scotia Thoracic Society on Wednesday evening.

We were pleased and honoured to play host to the Departmental meeting and to have had our staff members make such fine contributions to the Association meeting.

On Wednesday, September 21, the Sanatorium was surveyed by Dr. H. D. MacDonald, Medical Superintendent of St. Paul's Hospital in Vancouver. This is a regular survey carried out for all hospitals every third year by the Hospital Accreditation Council. The Sanatorium has been fully accredited for over thirty years and

we can only hope that our standing was equally as high on this occasion. Our only embarrassment was a can of fruit juice that somehow had got into the blood bank refrigerator! Who put the overalls in Mrs. Murphy's chowder?

Work is underway to put our remaining outdoor electric wiring underground—at least that which extends from the Power House to the West Infirmary and from there in front of the Nurses' Residence to the house of the Assistant Medical Superintendent. Most of our telephone poles were removed about seventeen years ago. It has taken a long while to get the electric poles down—but not for want of trying. It will be good to have a skyline free from disfiguring wires.

During the month just past a number of departments at the Sanatorium have been reorganized. The seamstress staff now comes under the supervision of the Laundry Manager. The Maintenance Staff will be supervised by the Chief Engineer. The Medical Library will be looked after by Mrs. Maxwell of the Pharmacy who is close to it and interested in it. The duties of the various members of the Business Office have been reassigned and Mr. John Akin has become Chief Clerk—many of you knew him as "Bun" when he was "on the cure" quite a number of years ago. All these changes should make for a smoother and better running institution.

We welcome as our new Student Chaplain, Mr. Gerald Fisher of the Acadia University School of Theology. He is replacing Mr. Aiton Alexander who was with us for the summer and is now hard at work at the University. He, in turn, replaced Mr. Henry Sharon who did such splendid work here during the previous year. Our sincere thanks are extended to these fine young men for very devoted service.

Remember the good old days—when charity was a virtue, not an industry?

Bronchitis and Chest Infection

Jack L. Herring, M.D.
Mississippi State Sanatorium

The occurrence of bronchitis or chest infection in a person who has had tuberculosis is quite often disturbing to the patient. This is not surprising since the symptoms of the two illnesses are quite similar. The common symptoms of bronchitis are fever, rasping chest pain, cough and expectoration of sputum of various colors. These symptoms are also commonly associated with active tuberculosis.

Fortunately, it is usually quite easy to differentiate between the presence of bronchitis and reactivation of tuberculosis. A person who has had tuberculosis quite often fears that bronchitis or a chest infection will result in reactivation or spread of his tuberculosis. Fortunately, this is very, very rare. Reactivation of tuberculosis is more of a threat if a person does not seek proper treatment of bronchitis and allows it to go untreated and become chronic.

True bronchitis must be differentiated from the common cold. The common cold is a viral infection, primarily of the upper part of the respiratory tract. It is characterized by little or no fever, watery nasal discharge, varying degree of sore throat and a cough that is productive of little, if any, sputum.

Bronchitis, on the other hand, is caused by bacteria and tends to confine itself to the lower portion of the respiratory tract. There is usually little, if any, involvement of the nose and throat. Fever is quite common and may be fairly high. Cough is always present and there is usually at least a moderate quantity of sputum, varying in color from white to green.

The common cold, being of a viral origin, does not respond to antibiotics and the use of antibiotics is usually of no value and may well carry some danger. Bronchitis is, however, usually caused by a bacterial infection and does respond to the use of antibiotics.

On occasion there may be some difficulty in distinguishing between a severe common cold and mild bronchitis. The decision to use antibiotics must be made by the family physician. If the doctor feels the patient has an acute bacterial bronchitis, he will prescribe antibiotics. If he feels that the patient has only a common cold, he will usually advise against the use of antibiotics. Antibiotics are powerful medicines that have saved many, many lives. However, there is al-

ways the possibility that the patient can have an uncomfortable and, on rare occasions, dangerous side reaction from these medications. For this reason the patient should respect the judgment of the doctor regarding the use of antibiotics in his illness. It is not wise for any person to demand to be given an antibiotic when it is against the better judgment of the doctor.

When bronchitis is treated with antibiotics, there is usually a prompt response in from three to seven days. It is not uncommon for slight cough and slight sputum to continue for as long as two to three weeks before it finally disappears. When a person who has had tuberculosis is treated for bronchitis and responds promptly, then this is good assurance that his illness is bronchitis and not fresh tuberculosis. If, however, he experiences frequent relapses, his bronchitis becomes chronic, he spits up blood or continues to run fever or lose weight, then repeat X-ray of the chest should be obtained with reasonable promptness.

—The Sanatorium Pulse
Via The Link

THINK OF US THIS WAY

Imagine the world as a town with 1,000 persons living in it. There would be 303 white, 697 non-white. There would be 300 Christians, 700 non-Christians, 80 communist and 370 under communist jurisdiction.

There would be 65 Canadians and Americans, leaving 935 others.

These 65 would have a life expectancy of 70 years; the other 935, a life expectancy of 40 years.

These 65 would have one half the entire financial income of the town, the 935 the other half.

Half of the town would be illiterate.
—Canadian High News via MDH News

Daffynitions

Bigamy—two rites make a wrong!

Friendship—the relationship that some women accept when they would rather knot.

Bachelor—A man whose courting plans go through without a hitch.

Wench—something to turn the head of a dolt.

Santa's children—subordinate clauses.

Coffee—break fluid.

News "N" Views, Halifax

That First Thanksgiving . . . and Today

October is Thanksgiving month in Canada. The particular way in which it is celebrated by us is a North American way. Turkey, pumpkin pie, squash and cranberry sauce are North American foods. So, for that matter, are potatoes and sweet potatoes, though potatoes have become the daily fare of a large section of Europe.

It was for plenty of food of this sort that the Pilgrim Fathers were giving thanks when they instituted the first thanksgiving at Plymouth.

They gave thanks for what they had and as nearly as we can make out they did no moaning about what they hadn't. And there was plenty they did not have.

The settlement did not have good health, for example. Infectious diseases, tuberculosis among them, killed half the colony in that first year. Remember Longfellow's poem *The Courtship of Miles Standish*? Captain Standish was a widower because his wife, Rose Standish, had died of TB during that first dreadful winter.

The fact that any of them escaped death from infectious disease goes to show how tough the human race is. Everything that promotes spread of disease was present. They had arrived in December and there certainly weren't any houses waiting for them to move into. They stayed on the ship (which was crowded) until they got houses built — so one can imagine the houses were small and crowded. And not very many windows to let in sunlight.

They had not brought very many dishes with them either. The whole family frequently ate from one bowl of food in the centre of the table, all dipping their spoons in. If one had a cold, tuberculosis, septic sore throat or diphtheria, it was more than likely others would soon have it also.

Add to this that the Pilgrim Mothers couldn't choose from a long shelf full of soap flakes and detergents the ones they preferred. Soap was one of the scarcities.

We, of the affluent society, have so much more to be thankful for, not only on the second weekend of October but all through the year. We don't get sick as often because a hundred barriers, some obvious and some inconspicuous, shield us from infection. It is rude nowadays not to cover the nose and mouth when coughing and sneezing and, thanks be, it is easy not merely to do this but to do the cover up job with a paper handkerchief which can be burned and does not have to be washed.

It is now unmannerly to be dirty. It was then next to impossible to be very clean.

There was no tap with hot water to be turned on. Soap was very expensive—in fact we doubt if there was much of it in that settlement. Later the women learned to make their own but there must have been a lot of dirty hands that first winter and probably nobody ever had a shampoo. That was doubtless uncomfortable, but not the health hazard that unwashed hands were.

Then, of course, they were thankful, as we should be, for food. They were thankful that they were not to be as hungry as they had been—for they had been very hungry. It is doubtful if they knew that lack of proper food was partly to blame for so much infectious disease. Nobody had heard of vitamins, minerals or protein. Maybe when we are running over reasons to be thankful we could include this knowledge.

There are some worries which we have that the Pilgrim Fathers didn't have. But would we change with them? No, no, a thousand times no. But we'll try to be equally thankful.

—TB And Not TB

Canadian Tuberculosis Association

MAN! SAID THE MONKEY

Three monkeys sat in a cocoanut tree
Discussing things as they're said to be;
Said one to the others: Now, listen, you
two,
There's a certain rumor that can't be
true—

That man descended from our fair race.
The very idea. It's a real disgrace.
No monkey ever deserted his wife,
Or made a profit from war and strike;
And you've never known a mother monk
To leave the babies with others to bunk,
Or pass them along from one to another,
Till they scarcely knew their aunt from
their mother.

And another thing: You'll never see
A monk build a fence around a cocoanut
tree.

And let the cocoanuts go to waste,
Forbidding all others to have a taste.
Why, if I put a fence around a cocoanut
tree,
Starvation would force you to steal from
me!

Here's another thing a monk won't do;
Go out at night and get in a stew,
Or use a gun, or a club, or knife,
To take some other monkey's life.
Yes man descended, the onery cuss,
But brother, he didn't descend from us!
from Merry-Go-Round
Via Camsell Arrow.

CORTISONE USERS WARNED OF TB

By JOAN HOLLOBON

Older patients treated with cortisone, older diabetics or persons who have had all or part of their stomach removed should be closely watched for tuberculosis.

The warning, issued by the Medical Advisory Committee of the British Columbia Tuberculosis Christmas Seal Society is published in the Canadian Tuberculosis Association's Bulletin.

Cortisone and its derivatives are most commonly used to treat rheumatoid arthritis and other collagen diseases, although they are used in other conditions. The bulk of patients with rheumatic and arthritic diseases are in the older age groups. Many of them were infected with TB in their youth but never developed active disease. Other persons may have had active tuberculosis, but have recovered from it.

These drugs can cause old, healed TB areas to flare up into active disease.

The B.C. physicians warn that all patients treated with steroids should have a tuberculin skin test. If they show a positive reaction—indicating they have once been infected with TB germs—they should have a chest X-ray before cortisone treatment is begun or at least early in its course.

If the X-ray is normal it should be repeated at six-month intervals during cortisone treatment. If the initial X-ray shows evidence that the patient actually had at one time suffered from tuberculosis, which is now healed, he should be treated with isoniazid as a protective measure. (Isoniazid is the major drug used to treat TB.)

If the skin test shows the patient had never been infected with TB germs, it should be repeated at least every six months during course of treatment. Chest X-ray is not necessary unless a negative test should suddenly become positive.

The doctors say that removal of part or all of the stomach is often followed by reactivation of TB in patients who have once had the disease.

These patients should also receive isoniazid as a protective measure for at least 12 months, they suggest. Such patients who show only a positive skin test reaction should have chest X-rays every six months during the first few years after their operation.

—The Globe and Mail

There's something in October sets the gypsy blood astir.

—Bliss Carmen.

TB PATIENTS COME OUT OF WOODS

You're living in a ramshackle building on a mountain top. You are ill—seriously ill. Yet you sleep outdoors, even in sub-zero weather, and your diet consists almost entirely of raw eggs and gallons of milk.

If you had had tuberculosis in Grandpa's day, that's probably the treatment you would have received in a typical TB sanatorium around 1900.

As time went on, doctors began to realize that TB could be treated in any climate, and sanatoriums were built closer to sea level—and to home. During this era—in the 1920s, 30s and 40s—complete bed rest was the rule, and patients were fed a carefully balanced diet. In some cases, the diseased lung was collapsed to give it a rest.

But in the mid-1940s a quiet revolution began, with the development of the first effective anti-tuberculosis drug, Streptomycin. Then along came PAS (para-aminosalicylic acid) in 1948, and isoniazid in 1952; and the revolution was on in earnest.

The results were so dramatic that many authorities at first believed tuberculosis could easily be treated at home, and that the TB hospital would soon disappear.

Things haven't worked out that way though. Isolation—preferably in a hospital—is still an important part of the treatment during the early, infectious stages.

Hospitalization protects the community against possible infection and at the same time insures effective treatment.

But today's hospital is a far cry from the wide open shack on the mountain top. Drugs have become a vital factor in treatment. The patient's stay is measured in months, not years, and the chances for complete recovery are now usually excellent. Sixty years ago, prospects for complete recovery were dismal indeed.

From raw eggs and icy air to modern drugs—and real hope. We've come a long way since Grandpa was a boy!

—Information Service, Arkansas TB Association

MIXED BLESSINGS

Before we sat down to our Thanksgiving dinner, my wife spoke of our many blessings. First on her list came our six healthy children. An hour later, all was pandemonium. Noticing my wife's eyes were closed, I asked her what was the matter.

"Nothing," she answered, "I'm just praying for patience to endure my blessings."

The Origin Of Hallowe'en

From Early Pagan Rites and a Christian Feast—

Today's "Trick Or Treat" Hi-Jinks

Hallowe'en (Allhallows Even) is the evening of October 31. In its strictly religious aspect, it is known as the vigil of Hallowmas or All Saints' Day, November 1, observed in Roman Catholic and Anglican Churches. This date was established in 834 for the celebration of the feast of All Saints throughout the entire Christian Church.

Students of folklore believe that the popular customs of Hallowe'en exhibit traces of the Roman harvest festival of Pomona and of Druidism. These influences are inferred from the use of nuts and apples as traditional Hallowe'en foods and from the figures of witches, black cats and skeletons commonly associated with the occasion. Evidence that Hallowe'en reflects influences from the festival of Pomona are scanty, but the occasion shows clear connections with the religion of the Druids in pre-Christian Ireland and Scotland.

The Celtic year ended October 31, the eve of Samhain, and was celebrated with both religious and agrarian rites. For the **Druids, Samhain** was both "the end of summer" and a festival of the dead. Spirits of the departed were believed to visit their kinsmen in search of warmth and good cheer as winter approached. It was also the period for threshing and of food preparation for the winter season. There is little doubt that the Christian Church sought to supplant the Druid festival of the dead by introducing the alternative observance of All Saints Day on November 1.

As Christianity spread gradually over Europe and the British Isles, it attempted to displace or suppress pre-existing pagan cults devoted to the worship of pagan deities. The surviving traces of the pagan faith found an outlet during the middle ages in witchcraft which was devoted to the worship of Satan, and which included periodic meetings known as witches' Sab-

baths, given over to revelry and feasting. One of the most important Sabbaths was held on Hallowe'en. Witches were alleged to fly to these meetings on broomsticks, accompanied by black cats who were their constant companions. Stories of these Sabbaths are the source of much folklore about Hallowe'en.

By the end of the middle ages, the celebration of Allhallows Eve was an established part of the calendar of the Roman Catholic Church. Following the Reformation the religious aspect of the feast was rejected in many parts of the country, while the folk customs of pagan origin flourished. The inhabitants lighted bonfires on hilltops and played Hallowe'en games such as "bob apples".

Pranks and mischief were also common on Hallowe'en in rural areas of Ireland and Great Britain. Wandering groups of celebrants blocked doors of houses with carts, carried away gates, tapped on windows and covered chimneys so that smoke could not escape. In some places girls and boys dressed in clothing of the opposite sex, and wearing masks, visited neighbors to play tricks. Groups of peasants went from house to house demanding food and other gifts in preparations for the evening's festivities. Prosperity was assured for liberal donors and threats were made against stingy ones.

Immigrants from Great Britain and Ireland took secular Hallowe'en customs to North America, and by the late 1800s a number of traditional Hallowe'en symbols and folk practices appeared in the U.S. (and Canada). Among these were the figures of the witch, the black cat, the death's head cut from a pumpkin, candles, bobbing for apples, the "trick or treat" custom, masks, parties and pranks. Though some churches observed Hallowe'en with religious services, most persons regarded it as a secular festival.

—From *The Encyclopaedia Britannica*

A little work, a little play
 To keep us going—and so, goodday!
 A little warmth, a little light
 Of love's bestowing—and so, goodnight!
 A little fun, to match the sorrow
 Of each day's growing—and so, good
 morrow!

A little trust that when we die
 We reap our sowing! And so—good-bye!

—George du Maurier.

“Is Fresh Air Out Of Date?”

A. F. Foster-Carter, M.D.

Reprinted From The Chest And Heart
Bulletin, London, England.

From earliest times, pure air has been regarded as important in the treatment of lung diseases. A change of climate and the exposure of the patient to various effluvia, such as the scent of pine woods, were often advised as well. These ideas probably originated as a form of ‘sympathetic magic.’ Since the sufferer fights and gasps for breath, clearly he needs air, and so pure air becomes established as part of the treatment.

William Black (1781) wrote: “seeing that such multitudes die of consumption in London, and knowing that pure air is at least equal to diet or medicines in this dire distemper, would not two or three hospitals built for consumption patients at a few miles distance from London, save hundreds of lives annually?”

It was not until the end of the nineteenth century that this prophetic wish was fulfilled and even then sanatorium treatment came as a reaction against the Victorian, stuffy, over-heated rooms. Sanatorium life was often extremely rigorous, particularly in our winter climate, but it was undoubtedly beneficial to the younger and tougher patients—provided they survived it. To many elderly and bronchitic sufferers it could be fatal. Until antituberculosis drug treatment became firmly established, constant exposure to fresh air, regardless of its attendant evils of cold and damp, remained an integral part of routine treatment of tuberculosis. Many reasons were advanced to justify the use of fresh air and they were well summarized by R. C. Wingfield (1929) who pointed out that “open air has no direct specific action on the tubercle bacillus” but that “the necessity of spending many hours in partially or ill-ventilated places is one of the most disease-bearing conditions that modern civilization forces upon us”. Such atmospheres cause “lowered physiological efficiency” and encourage the spread of respiratory infections. “Proper ventilation,” he wrote, “is essential to proper health and therefore in the routine treatment of phthisis . . . the most perfect ventilation, which can only be got by exposure to the open air, must be used continuously.’ Additional advantages of this regime were the abundant supply of pure oxygen, the improvement of the patient’s resistance to upper respiratory infections and the tonic effect of cold air upon the

skin. In short, when the only way of fighting tuberculosis was to increase the patient’s natural resistance, fresh air treatment played an important part in the campaign to make the patient physically fit.

Today the very term ‘consumption’ has become a misnomer. Drug treatment is so successful in controlling toxæmia that even chronic sufferers rarely waste away. The cure no longer consists of prolonged and debilitating rest—physical fitness is not destroyed as it was formerly and therefore does not need to be rebuilt.

It might well be thought that fresh air treatment is indeed out of date, but this is only a half truth. Tuberculosis is no longer a disease of the young people; it now affects predominantly the middle-aged, many of them also suffer from bronchitis. Atmospheric pollution is still the curse of our cities and sulphurous smoke spells death to these sufferers. The soft mists of the country are free from dirt and sulphur and have none of the irritant qualities or urban smog. Therefore tuberculosis patients and bronchitics still come to the country in search of fresh air. The treatment has been modified by providing central heating and air control to avoid cold and damp, and assuredly many lives are saved by removing these people from the rigours of an urban winter.

Looking back at the words of William Black, written nearly two hundred years ago, we must acknowledge to our shame, that they still apply today. The need for hospitals in the country, where patients can get fresh air treatment, will continue until fresh air becomes the rule in all cities and towns.

Reading is to the mind what exercise is to the body. As by the one, health is preserved, strengthened and invigorated; by the other, virtue (which is the health of the mind) is kept alive, cherished and confirmed.

—Addison.

A man who has not anything to boast of but his illustrious ancestors is like a potato—the the only good belonging to him is underground.

—Sir Thomas Overbury.

The Great Laboratory

Where would you look to find a combination of enough iron to make a nail, enough fat for about ten bars of soap, enough water to fill a ten gallon tank, enough sugar for a small cake, enough gluten for five pounds of glue or 30 pounds of glue and enough chlorine to sanitize four average swimming pools, a small pinch, (very small) of copper, a bit of magnesium and a dash of sulphur?

If you say you would look at yourself in the mirror or take a look at the nearest fellow patient, you've guessed it. This is a sort of rough and ready estimate of the chemical makeup of an average adult.

But it doesn't tell us much about a human being, does it? It doesn't stay a thing about the wonders of the average person's physique—things such as that though he forgets about 90 per cent of what he learns his brain probably still stores up more information than the national library.

It doesn't explain that when we utter just one word we use 72 muscles. No wonder a baby's first word is an event. For the first time he has disciplined all those muscles to co-ordinate so that he

can make a certain definite sound which he wants to make.

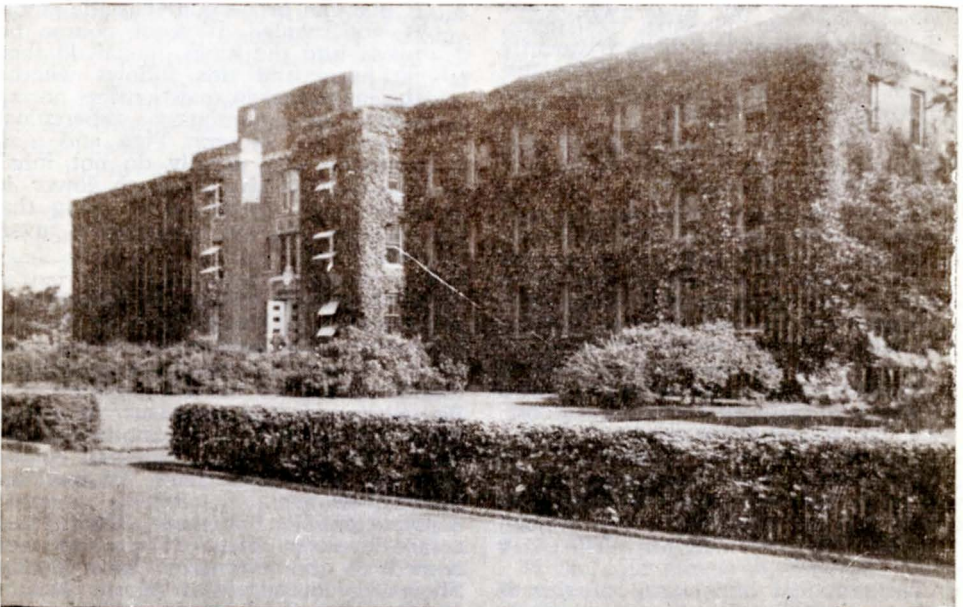
No matter how exact the chemical analysis it doesn't do much to tell us why people behave in a certain way. Oh, in some cases it may. If there is acute lack of iodine there will be thyroid upset with predictable results. If fright stimulates the release of adrenalin someone who ordinarily moves slowly can put on a burst of speed. Certain drugs cause hallucinations and others bring on such severe depression that the result may be suicide.

We doubt if knowing body chemistry will ever tell us why one person learns from experience and another does not, or why some are willing to learn from the experience of others but certain of us insist on learning the hard way.

All the same, knowing about the chemistry is useful—especially since one can be tested to see if the iron in the body is not enough, or the fat far too much.

So we are glad there are scientists who are so interested in body chemistry.

TE—AND NOT TB.
Can. Tuberculosis Assoc.



East Infirmary, officially opened in 1932, as it appeared a few years back. Today the hedge is gone and beautiful flower beds edge the walk.

Question Box

Dr. J. J. Quinlan



Q. Is it the swelling or the redness, or both, that indicates a positive reaction to the the tuberculin test?

A. In assessing the result of a tuberculin test one looks for the amount of swelling and/or hardening at the site of the injection. Redness is usually present but its amount and intensity

has no bearing on the degree of positivity of the reaction. Redness alone without swelling or induration does not indicate a positive reaction to the tuberculin.

Q. Does a strongly positive reaction to the test mean a person has a high resistance to tuberculosis infection?

A. A positive tuberculin test indicates that the individual is sensitive to the products of living tuberculosis germs which are already in his body. In other words, he has already been infected. The variations in the degree of the reaction have no relation to the degree of the person's resistance. Strong reactions are more frequently found in the presence of active disease than healed disease. But this finding is not constant.

Q. Can the germs of tuberculosis live outside the human body? If so, how long could they survive?

A. The germs of tuberculosis are very hardy little organisms. Each tubercle bacillus is surrounded by a fatty envelope which acts as a protection against harmful agents. It does, of course, survive outside the body in artificial culture media. It can also survive outside the body in natural surroundings. If kept dark in a dried state it will live for about eight weeks. In the dust of public places it is probable that the germ remains alive for about ten days, in exceptional circumstances for several months. The germs are very vulnerable to direct sunlight which will probably kill them in a few minutes.

The practical importance of this is that when the tuberculous patient expectorates on the pavement or on the floor, the fluid part of the sputum

rapidly dries leaving a small quantity of dust. This dust contains numerous dry tuberculosis germs dormant for the time being but ready to revive and multiply as soon as they come in contact with a more suitable environment.

Q. What are the symptoms of renal tuberculosis?

A. Many individuals with tuberculosis of the kidney have no symptoms and the disease is suspected by the routine examination of the urine and its presence confirmed by further investigation. However, some patients do have symptoms the most common one being pain which may be dull and situated over the site of the kidney or may occur in the form of severe renal colic. As renal tuberculosis progresses it involves the corresponding ureter and eventually the bladder. When the bladder becomes involved symptoms markedly increase and include difficulty in urination and frequency.

Q. Will cigarettes harm an ex-patient who had surgery if he does not inhale the smoke?

A. If one can be certain that the smoke is not inhaled, it is of course not taken into the lungs, it can do them no harm and this follows whether the individual in question has normal lungs or pulmonary tuberculosis treated by surgery. Pipe and cigar smokers who usually do not inhale the smoke have a much lower incidence of cancer of the lung than cigarette smokers who almost invariably inhale.

NEW SLATE OF OFFICERS FOR CPHA, ATLANTIC BRANCH

At the annual conference of the Nova Scotia branch of the Canadian Public Health Association Dr. R. Clarence Young, Pictou, was elected president, succeeding Dr. Helen Holden. Nova Scotia Sanatorium. The other officers for the coming year are: Dr. Lloyd Hirtle, Halifax, and Paul MacDonnell, St. Peters, vice-presidents; Ralph E. J. Ricketts, Halifax, secretary-treasurer. The following were named to the executive: Miss Marilyn Sheppard, Pictou; Miss Maura Morton, Halifax, Miss Cecile Amirault, Yarmouth; Miss Dale Reeves, Windsor, and Mrs. Marie Collyer, Truro.

30 Years Ago

30 years ago the east wing of the 3rd floor, West Infirmary, was taken up by the "Doctors' Quarters", which housed three or four staff physicians and two internes from Dalhousie Medical School. Many doctors throughout the province and in widely scattered parts of Canada and the U.S.A. did at some time call "the Quarters" "home". As might be expected, the residents of the Quarters played a very active role in Sanatorium social life. But time and change whittled away at this lively and agreeable segment of the Sanatorium. Internships decreased in time and numbers to the vanishing point, and thanks to the present trend toward early marriages, a doctor joining the medical staff today is usually blessed with responsibilities that require housekeeping facilities considerably in advance of those provided by the Doctors' Quarters.

The above comment stems from a paragraph found in *Staff Notes*, October 1936, which says: "The medical staff reached full strength once more with the appointment of Dr. Eric Found to it the first of October. Dr. Found is no stranger to the Sanatorium, having interned here in 1934, and he was very warmly remembered and welcomed by the staff and patients who knew him then".

Dr. Found dwelt in the Doctors' Quarters, undoubtedly one of its most popular tenants, until 1942, when he left the Sanatorium to return to his native Prince Edward Island, eventually to become Medical Superintendent of the Provincial Sanatorium and Director of Tuberculosis Control for the Island.

The following bit of sage philosophy is gleaned from the Editorial Comment of 30 years ago: "It appears quite logical to compare one snowflake with another, and speak of them as similar, yet science tells us that no two are alike. Appreciating this fact about such minute, inanimate forms, we may comprehend the diversity possible among the highest branch of the animal kingdom, to wit, mankind.

"In spite of this fact, we persist in paralleling human cases, with sometimes unwholesome results. It is seen many times among Sanatorium patients, with their penchant for interpreting their own case in terms of others, and for anticipating their progress from that made by seemingly similar cases. In many instances, such a practice may be harmless, or even when it serves to bolster up drooping spirits, beneficial. But all the comparisons are not happy ones, and not infrequently the opposite to beneficial results follow. . . .

"Then is the time to remember the snowflakes, and, by allegory, realize that we are each an individual with a physical and mental make-up so entirely our own that no one could forecast our fate from that of another. The misfortune of one need not be the lot of another unless he choose to make it so by misguided comparison and its ensuing depression."

And from the joke section:

With a great show of . . . show of determination . . . nation the villain picked up a pistol . . . picked a pistol . . . and showing his teeth shot his enemy . . . enemy . . . in the back . . . determination picked pistol . . . showing . . . shot enemy in . . . teeth . . . the villain . . . showing pistol . . . and picked teeth . . . his back . . . teeth. With deter . . . pistol . . . villain . . . showing teeth in . . . back . . .

"Oh, heck, what's the use of trying to read a book in a bus, anyway!"

PUBLIC ENEMY

(Gesundheit!)

Watch that sneeze, Buster! It's anything but a blessing, old folklore notwithstanding.

As a matter of fact, sneezes are real, live public enemies. And so are coughs.

We can't send out a dragnet, corner them with drawn guns, and put them on trial. But we can incarcerate them—with tissues, that is.

Cover your coughs and sneezes! Don't let these public enemies loose to spread their germs to others.

And germs there are, floating free in the air, every time you cough or sneeze without carefully covering your mouth and nose. They are tiny, but they pack a mighty wallop in sickness and disease when they are inhaled by others.

So don't let a single droplet of spray—a single germ or virus—escape into the air.

What's the answer? Just be quick on the draw, when you reach for the tissues.

And if you have a cold, why don't you stay home for a few days? It won't hurt—might even make you feel better. And it certainly will be better for others.

The same advice goes for the small fry at school. No teacher is going to welcome Johnny with a dripping nose and a cough like a steam engine.

If the cold hangs on, see your doctor. It might be just a cold, but there's always the possibility that it could be something worse.

—Arkansas Tuberculosis Association

HEALTH RAYS

Vol. 47

OCTOBER, 1966

No. 9

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

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

EDITORIAL COMMENT

Each season of our calendar brings its own festivals and holidays; each month has some time-honored custom to observe. In this respect October is richly endowed: Thanksgiving and Hallowe'en, like ripened fruit and flaming colors, are immutable parts of the Canadian October scene.

As noted in articles to be found in this issue dealing with the origins of these two festivals, each had its beginning as a religious celebration. While Thanksgiving has maintained its sacred character and is observed by special ceremonies throughout the Christian churches of our continent today, Hallowe'en has become almost exclusively a secular occasion. It is a time of witches and hobgoblins to the wee ones; a time of sanctioned panhandling for the bigger ones; a time of costuming and tricks; in general, a time of mischievous merrymaking.

A steady rise in population, especially urban, with growing sophistication of all our people, inevitably brings change into the conduct and observance of festivals. The mischief feature of Hallowe'en takes on dangerous and costly dimensions. Many communities are concerned with organizing Hallowe'en energies into safer and less destructive channels, sometimes passing laws in hope of inhibiting vandalism. These have had a moderate success along the lines for which they were planned, but only that.

The *Encyclopedia Britannica* concludes its discussion of Hallowe'en with this plain statement on our changing mode of life: "The tendency to manipulate rather than to celebrate folk festivals such as Hallowe'en is characteristic of the 20th century. It reflects the growing influence of a rational outlook on life and the loss of interest in imagination and fantasy. The secular character of contemporary culture is also reflected in public neglect of the

religious significance of Hallowe'en as well as in progressive loss of its folk vitality. Children are least affected by this disenchantment and consequently the more important folk occasions tend to be dominated by the young".

Perhaps it's too bad we can't always be children on a Hallowe'en night, or the simple-hearted adults who kept the first All Hallows Even. We're far beyond that, in our hard-headed, fast-paced world of today, and who would regress even if we could? But it can do no harm to recall the thrills and chills of a childhood Hallowe'en, when the darkness brought spooky sounds and fearful sights, and we knew in our childish hearts "the Gobble-un'll git you, ef you don't watch out".

Changing times and rising costs have brought an end to many and severe curtailment to others of the Sanatorium magazines which abounded thirty to forty years ago. Those which survive are few in number and, in general, considerably slimmed down in size. There is one, however, which has enjoyed remarkable longevity and rare good health in light of the frailty of its species. It is *The Valley Echo*, a bi-monthly publication by the patients and staff of the Sanatorium operated by the Saskatchewan Anti-Tuberculosis League.

There are parallels to be noted between the career of *The Valley Echo* and that of our own magazine, *Health Rays*. Here is *The Valley Echo's* account of its origin: "The magazine originated from the ideas of several return soldiers who were patients at Fort Qu'Appelle Sanatorium when Dr. Boughton was there. . . Along with several other doctors and these ex-soldier patients, Dr. Boughton helped publish the first issue, an eight-page fol-

der, in December 1919". That account, with appropriate changes of names, might equally well describe the beginnings of **Health Rays**. Both have run continuously since their commencement. Oh, yes, we are exactly one month older!

In the August issue, which lately came to our desk, we read that Dr. Boughton has relinquished his position as editor of **The Valley Echo**. This brings to a close an association maintained during the forty-seven years of **The Echo's** life, the last twelve of which he served as editor. As it is stated in the announcement of his retirement: "Dr. Boughton's interest in writing combined with his earnest desire to teach people about tuberculosis, made **The Valley Echo** a pet of his from its very beginnings".

A new staff has been appointed to conduct the affairs of **The Valley Echo**. The editor is Mrs. Carol Copeland, who has had experience as an editorial staff member of **The Western Producer** (the West's answer to **The Family Herald**). We sincerely wish Mrs. Copeland, her staff and **The Valley Echo** many more years of useful and entertaining life.

WINS PURSE

Mrs. Kay MacQuarrie was the winner of the purse made by Novie Oliver, the drawing for which took place Sept. 6 at the Rehab.

MRS. FOX HONORED AT FAREWELL PARTY

Mrs. Joan Fox, R.N., who recently moved to Ottawa with her husband and son Paul, was honored before her departure at a farewell party by the Valley Branch of the Registered Nurses Association of Nova Scotia. Mrs. Ruth Campbell, R.N., was hostess at her summer home in Morden, Anna. Co. A gift was presented to Mrs. Fox on behalf of the Valley Branch by Mrs. Ceilia Best, R.N. Following the delicious refreshments, presentation was made of a "Bon Voyage" cake by Miss Jean Dobson, R.N.

Mrs. Fox is well known at the Sanatorium, having served as a regular and relief member of the nursing staff for a number of years. She also conducted the Heaf Testing survey of Kings and Hants counties for the Nova Scotia Tuberculosis Association, at which time her headquarters were at the Sanatorium.

During her stay in Kentville Mrs. Fox was very active in the affairs of the registered nurses organizations, being 1st vice-president of the Registered Nurses Association of Nova Scotia at the time of her move to Ottawa and having been president of the Valley Branch at one time.

Her many friends wish her continued success in her numerous activities and much happiness in her new home. She will be greatly missed in Kentville and vicinity.

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Rev. J. A. Munroe

During the month of October our hearts and minds turn to our national Thanksgiving Day with its reminder of our utter dependence on God for "all good gifts" and the grateful response we ought to make to Him for His many blessings.

We are reminded of the words of the psalmist in Psalm 111: "I will give thanks unto the Lord with my whole heart, secretly among the faithful, and in the congregation."

It is interesting to recall that the ancient psalmist gave expression to this self-same spirit of desiring to give thanks to God after having endured what appeared to be hopeless trouble. Read the one hundred twenty-fourth Psalm where he speaks of men rising up against us; they would swallow us up alive. Then, so poetically, he says, "the waters had drowned us, and the stream gone over even our soul." How desolate was his spirit as he uttered those words! And yet the psalmist who loved his God and trusted Him was able to sing, "But praised be the Lord. . . Our help standeth in the name of the Lord, who hath made heaven and earth."

Having endured the profound depths of evil experiences and having been delivered from them, the God-trusting man cannot help but express his truly heartfelt thanks to the Almighty God.

This month many of our countrymen will gather to give thanks to the Almighty God for all the blessings we have received. Those of us who are unable to actively take part in such gatherings, can, if we will, join in spirit, if not in body, in offering our thanks to God.

We have heard expressed at times a feeling of discouragement of hopelessness on the part of some people. And still, trustingly and confidently, we keep praying for His guidance, for His inspiration and for our strong response to His will. We know He will never forsake His people, but that they will receive the cup of salvation.

We give thanks also for spiritual virtues that are ours for such qualities as honesty, truth, courage, steadfastness, and understanding. We give thanks for God Himself, that we have the benefit of the power of the Heavenly Father, that we have the blessing of the strength that Jesus, the living Christ, gives and also for the marvelous inspiration of the Holy Spirit.

We have much for which each of us

can give thanks. Let us do so with understanding hearts and confidently and continually seek God's help in the days that lie ahead.

CHAPLAINS MEET

A meeting of members of the clergy providing chaplaincy services at the Sanatorium was held in Miller Hall September 21. The purpose of the meeting was to review the work of the past year and to make plans for the year ahead.

Dr. Hiltz, acting as chairman, welcomed and introduced those present who had recently taken up duties at the Sanatorium. They were: Rev. John F. DeLouchry and Rev. Gerald E. Saulnier, Roman Catholic; Captain H. L. Kennedy, Salvation Army; Rev. Allen Griffin, Lic Gerald Fisher and Miss Bessie Lockhart, lay visitor, Baptist.

Other clergymen present at the meeting were Archdeacon L. W. Mosher, Dr. G. N. Hamilton, Dr. J. D. MacLeod and Rev. Freeman Fenerty. Representing the Sanatorium, in addition to Dr. Hiltz, were Dr. Helen Holden, Mrs. Hope Mack, R.N., Mr. Fred Barrett, Mr. Pat MacEvoy and Mrs. Mary MacKinnon.

A number of worthwhile suggestions to improve the chaplaincy service were made. Dr. Hiltz pointed out that the visits of the clergy were a valuable contribution to the patients' welfare, and he thanked those present for their co-operation and interest.

'ROAD OF LIFE

The road of life is a puzzle . . . detours mar the way . . . but for every pitfall . . . there is a sweet bouquet—for every frown a smile appears—to pave the path with cheer . . . and for every cloud of hate . . . true love hovers near . . . from each defeat new faith is found—to climb the steepest slope . . . it has been said and right so . . . "where there is life there's hope" . . . some travelers are lucky . . . they seldom go amiss . . . seems as though they can avoid . . . every dark abyss . . . out the road of life is a tangled maze . . . it will arise and then descend . . . we all will have our ups and downs . . . on that you can de-

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

—Helen Hunt Jackson.

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Old Timers

The beautiful weather we experienced during the late summer and early Fall had people on the move, and Old Timers were no exception. In fact, most of the news Anne Marie gathered up for us this month is concerned with Old Timers travelling and on vacation. We're sure those coming to the Valley would agree that things never looked so lovely as they did this year, in spite of rather severe drought conditions. Certainly the San grounds came in for their share of admiration, and well deserved it was, thanks to our skilled and diligent gardener, Mr. Bob Middleton.

Anne Marie has a sort of yen to start our column with news of our "real Old Timers". This month the one to fill the bill was Dr. Humbolt Giovanetti, who was here back in 1928. One of the most popular and best known patients of the era, "Giovanetti" stopped in Kentville in September to look up old friends, like Pat McEvoy and G. G. Harris. He still carries on his dental practice in St. John's, Newfoundland. During the past year he remarried, his wife being a former member of the staff of the Newfoundland Rehabilitation Department.

Richard Pottie, who was a patient here in 1951, and is now a Nursing Assistant on the staff of Western Kings Memorial Hospital, Berwick, came in for his check-up. He, wife Rose (Borgal) and two

ter the delegates for the Public Health conference in September, she met Frances Setchell, R.N. Frances, who was here in 1963, is with the Department of Public Health, Sydney, and Anne Marie says she looks very well.

Caroline Arsenaault came from Halifax to visit at the San. She said that son Billie, who also had been a patient here in 1961, then in his early teens, is now married and living in Dartmouth.

Philip Green, who came to the San. in 1964 from Greenwood, went to work at the De Haviland Aircraft plant near Toronto after his discharge from the Airforce. After four months there he decided the pace was too hectic and has returned to Nova Scotia.

Mary Leonard of Sydney stopped in at the San. when on vacation in the Valley. She had been here in 1951, and reports say she looked very well. Another visitor from Cape Breton, this time from Glace Bay, was Mrs. Frank Wadden, better known in San. circles as Anne Rebecca MacDonald. Anne Rebecca had been a patient back in the late 'thirties, then for a number of years was Appointment Clerk here.

When Stan Robichaud, of the San. Rehab. Staff, was home on vacation he saw Old Timer Vincent LeBlanc. Vincent was a patient at the San. in 1946, and now works as a carpenter in Lynn, Mass. He was vacationing at his old home in Meteghan Centre, Digby county.

When Alton Decker of Lockeport was at the San. in 1962 he studied accounting. Now he works in the office of Swim Bros., Fish Packers, Lockeport. He has married since leaving here, and was showing his wife around the grounds of the San. when Anne Marie met him. He was pleased to see things looking so well at the San.

Ronald Wagner, New Edinburgh, Digby county, who left here just last summer, wishes to be remembered to all his friends through the Old Timers column. Ronald, a very good student while here, has returned to school this Fall.

Now we have news of many Old Timers from a pair who went on a tour of the South Shore last month. Mrs. Wilda Marcotte, C.N.A., now at Tatamogouche, and Beulah Trask, of the San. switchboard, took a holiday trip to the Lunenburg Fisheries Exhibition, and did a wonderful lot of visiting along the way there and back. The first stop was at Chester, where they visited Bill MacKinley, a 1957 patient, whom they found feeling quite well. Returning home by way of the Pubnicos

THIS HALF PAGE WITH THE
COMPLIMENTS OF

Don Chase, Ltd.

children are all very well. "Pottie" had news of some Old Timers he saw when they were on vacation in Cape Breton this summer. In New Waterford he saw Don MacKinnon, who was here in 1960. Don is back to work with the mines, but has a surface job now. Also in New Waterford Dick saw Mickey Rich, a 1961 patient, and learned that he has married since he left the San. And while on duty Dick met up with a 1955 Old Timer, Ed Gavel, who had the misfortune to break his arm while on vacation and was taken to the Berwick Hospital to have it set. After Ed left the San he returned to college, taking a course in architecture. He now works in Dartmouth, married and has three children. He came to the San. from Carleton, Yarmouth county.

When Anne Marie was helping to regis-

October gave a party;

The leaves by hundreds came:
The ashes, oaks and maples,
And those of every name.
—George Cooper.

Anger is only one letter short of danger.

There are two ways of being happy: we may either diminish our wants or augment our means—either will do—the results is the same; and it is for each man to decide for himself, and do that which happens to be the easiest.
—Franklin.

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and Yarmouth, they continued to see Old Timers. At West Pubnico they saw Jean Baptiste d'Entremont, who was here in 1963. He now works part time in an auto body shop, and is feeling well. Next Franklyn d'Entremont, a 1964 patient, now owns a new fishing boat, in which he fishes in winter, while in summer he relieves at the Liquor Commission store. The girls report that he had "two of the prettiest children". Still with the d'Entremonts of West Pubnico, they saw Alphonse, who had been at the San. in 1965. He now works at the fish plant, and is doing fine.

On to Yarmouth the girls went, and continued to run into Old Timers. Mildred Romaine, who went home last summer, was delighted to see them at her door. She is now able to do light chores about her house. When they called to see Sandy McQueen, the girls found that he was in Montreal visiting his sister. However, they had a pleasant visit with his wife in the fine big McQueen home. Coming on towards home they called in to see John Haight, who was here in 1964, at his home in North Range, Digby county. He was looking very well, had gained some weight, and was taking it easy.

The girls said all the Old Timers they met wished to be remembered to staff and patients at the San. Both girls were thrilled by the warmth of their reception everywhere; in fact they said if they had to pay for the hospitality received they would need to be millionaires.

Joe and Hazel (McMichael) LeFave as usual split their vacation between the two home counties: Pictou and Yarmouth. In New Glasgow they met Kay Stewart, who was here in 1949. She now works in the Five and Ten there, and says that her husband, Gordon, who was here for investigation in 1964, is very well, too. When down Yarmouth way they attended the Guide Meet at Beaverdam. There they ran into Clairmont Jones, who was here in 1964.

During a side trip to Spencer's Island, Cumberland county, they called on Mrs. Irene Spicer, who retired one year ago this month from the San. nursing staff. Joe and Hazel declared her new home to be very beautiful and the view most lovely.

Steve Mullen tells us of having a visit from Archie Campbell, who was here in 1947 and now drives a taxi in Pictou County. Taking a busman's holiday by motoring around the province, he called to see Steve and Pat MacEvoy. Lauchie D. Campbell, Sydney, looked up Steve to renew his subscription to Health Rays. Steve reported him looking good. He was here in 1952.

Those watching "Flashback" on TV. September 18 might have seen a San. Old Timer as one of the guests trying to stump the panel. He was Geoffery Marshall of Dartmouth, who was here in 1962.

PROMOTED

When the nurse came in the other day,
Just after dinner was done,
She said: "Do you have a basin?"
I said: "No, but I can get you one."

She said: "Don't be a wise guy,
That isn't what I said;
What I want to know is:
So you wash in bed?"

I said: "Oh, haven't you heard,
When I dash down to THAT PLACE
I take my soap and towel along
So I can wash my face?"

She said: "Congratulations!
That I am glad to hear."
I said: "Yes, I've been promoted,
And it only took a year."

—Wally Burgess
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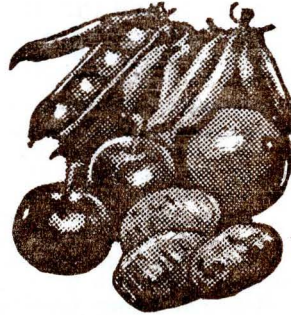
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Mrs. Muriel May Dagley, Canning, Kings Co.; Andrew Elias Spicer, R.R. #1, Harbourville, Kings Co.; Warren Stanley Wagner, Morden, Kings Co.; Sandra Mary Mason, Ship Harbour, Hfx. Co.; Arthur Clement Zinck, 2019 Bauer St., Halifax; Alonzo Samuel Forrestall, 6257 Allen St., Halifax; Mrs. Nellie Letita Elizabeth Corkum, LaHave, R.R. #1, Lunenburg Co.; William Paul Sarsfield, 11 Montgomery St., Kentville; William John Broadhurst, White Rock, Kings Co.; Mrs. Gertrude Clarke, 17 Canterbury St., Dartmouth; James Joseph Comeau, P.O. Box 26, Meteghan, Digby Co.; Mrs. Marie Laura Anderson, Abercrombie, R.R. #3, New Glasgow; Mrs. Frances Roberta Manuel, Boutilier's Point, Hfx. Co.; Albert Melvin Reede, Cape Sable Island, Shel. Co.; Russell Frederick Arsenault, 5½ Front St., Wolfville; William Gilbert Wight, Paradise, Anna. Co.

Discharges, August 16 to September 15:

Foster Frederick Hennigar, Noel, Hants Co.; Willis Hibbert Zwicker, Kingston, Kings Co.; Ronald Joseph Wagner, New Edinburgh, Digby Co.; Richard Grant, North Preston, Hfx. Co.; John Francis MacInnis, P.O. Box 33, Point Tupper, Rich. Co.; Mrs. Emma Leah Miller, 30 Hillcrest St., Truro; Mrs. Mima Hale, 26 Oakdene Ave., Kentville; Gail Diane Brown, Bridgetown, Anna. Co.; John Edward Lawrence, Africville, Hfx. Co.; Joseph Andrew Stevens, Owl's Head Harbour, Hfx. Co.; Ross James Carey, Musquodobit Harbour, Hfx. Co.; Millard Foster, Spencer's Island, Cumb. Co.; Mrs. Martha Redden, New Minas, Kings Co.; Warren Stanley Wagner, Modern, Kings Co.; Hilda Ruth Potter, Virginia East, Clementsvale, Anna. Co.; Lyda Alice Spencer, 23 Warren St.; Stoneham, Mass., U.S.A.

Point Edward Hospital

Admissions, Aug. 16—September 15:

John Rory Chisholm, 25 Patrick St., Scotchtown, New Waterford; Ervin Roderick, 19 Thomas St., Scotchtown; Mrs. Catherine Arsenault, 11 Douglas St., New Waterford; Daniel Campbell, Beddeck, Vic. Co.; Anthony Pheifer, 48 Duggan St., New Waterford; John Thomas MacDonald, Gardiner Mines; John Pheifer, 20 MacLeod Ave., New Waterford; Joseph Stanley LeBlanc, Little Pond, C.B.; Mrs. Jane Marie Synishin, Antigonish; James Joseph

MacKinnon, 26 Melwood Ave., Armdale, Hfx. Co.; John Francis MacInnis, Point Tupper Rich. Co.; John Charles MacDougall, 73-13th St., New Waterford; Ernest Eugene Andrews, Port Morien, C. B.; Mrs. Marcella Goodwin, 535½ Hill St., Glace Bay; Mrs. Elizabeth Tompkins, North East Margaree, Inv. Co.; Mrs. Juttina Alvina LeBlanc, Hawker P.O., Rich. Co.; Michael Anthony Cochrane, 198 Cottage St., New Glasgow; Arthur Peter MacKinnon, 739 Alexandra St., Sydney; Mrs. Mary Mae MacInnis R.R. #1, Deep Cove, Gabarous; William Willett LaVatte, 863 Kings Rd., Sydney River; Miss Eugenia Bertha Morrison, 398 Purvis St., North Sydney; John Hugh Ryan, 704 River St., Inverness.

Discharges, Aug. 16—Sept. 15:

Allan Joseph MacIsaac, 210 Wilson Ave., New Waterford; Patrick Ronald Doucette, 27 Mansfield St., Glace Bay; Herbert John Johnson, 51½ Cannaught Ave., Glace Bay; Paul Nicholas, Barra Head, Rich. Co.; Hugh Chisholm Alexander Gillis, 22 Ninian St., Glace Bay; Daniel Campbell, Eskadeck, Vic. Co.; Noel Peter Denny, Eskasoni, C.B.; Joseph Stanley LeBlanc, Little Pond, C.B.; Charles Henry Fraser, 207 Mahon St., New Waterford; David Andrew Flynn, R.R. #2, Mira Rd., C.B.; John Pheifer, 20 MacLeod Ave., New Waterford; Anthony Pheifer, 48 Duggan Ave., New Waterford; John Thomas MacDonald, Gardiner Mines, C.B.; Charles Martin, Whycocomag, Inv. Co.; Mary Charlotte Rankin, Judique, Inv. Co.; Angus William Batherson, Inverness Corner, Inv. Co.; Louis Durando, 48 MacKay St., New Waterford.

KILL OR CURE

Two old farmers, who did not believe in unnecessary conversation, met one day. One of them had a problem and wished some advice.

"What did you give your horse when he had the colic, George?"

"Turpentine," replied George.

A fortnight later they met again. "Didn't you say you gave your horse turpentine for the colic, George?"

"Yep," replied George.

"Well, I gave mine turpentine and he died."

"So did mine," said George.

Dirty days hath September,
April, June, and November.

From January up to May

It's pretty sure to rain each day.

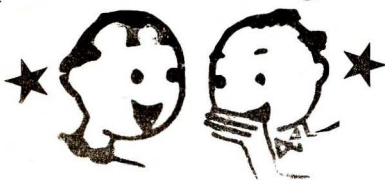
All the rest have thirty-one

Without much chance of any sun.

And if one of them had two and thirty,

They'd be just as wet and twice as dirty.

Just Jesting



Latest gimmick suggested for Canada's centennial celebration, "Expo '67" is an Expo '67 Cocktail. After two of them you make an exhibition of yourself.

* * * *

Room for Everything

We looked over a new house this weekend. It has everything. Wall-to-wall carpeting. Wall-to-wall windows. And back-to-wall financing.

* * * *

An elderly gent was mailing an order to his butcher. First he began the note: "Kindly send me two geoses."

This did not seem right so he started over: "Kindly send me two geeses."

Still he wasn't satisfied. He settled the problem by writing: "Kindly send me a goose." Then he signed his name and added a P.S.: "Send another one with it."

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LIMITED

"It's harder to be a virgin than an angle," said the ten-year-old to her friend as they waited for their bus.

The horrified glances of the crowd at the stop soon gave way to chuckles as the two continued to discuss their parts in the Christmas play.

* * * *

I ought to put some cash away
 To guard against that rainy day;
 But I can never save a dime—
 It seems to sprinkle all the time!

* * * *

A matron shopping in a department store stopped a pretty young floor manager to ask for directions to the perfume counter.

"Just walk this way," said the girl, starting off.

"Humph," snorted the matron. "If I could walk that way, I wouldn't need perfume."

BIG GAME

The bride ran to the older neighbor lady, greatly upset because her husband had gone hunting.

"Don't worry, dear, he'll come back safe."

"It's not that. He's gone to shoot craps and I don't know how to cook them!"

* * * *

HAMLET! MA! HA!

Parents, unable to attend the year-end dramatic show at their young son's prep school, received this interesting account: "Dear Mom and Dad: I wish you could have come up for the school play. We did Hamlet. A lot of parents came. Some of them had seen it before, but they laughed just the same."

* * * *

In a crowded bus a lanky mountaineer sat opposite a young woman whose skinny skirt kept creeping up over her knees. She fought a constant battle with it, pulling it down; but as soon as she released her hold, up it crept. After one hard yank she looked up and met the gaze of the mountaineer.

"Don't stretch your calico, sister" he said. "My weakness is liquor."

* * * *

A 10-year old boy's essay on women: A rose is a rose. is a rose, is a rose . . . and it's the same way with girls.

* * * *

POT LUCK NOW

A young bride was annoyed by her husband's presence in the kitchen while she was preparing dinner. And when he accidentally knocked her cookbook to the floor, she flared up.

"Now look what you've done. You've lost the place and I haven't the faintest idea what I was cooking."

* * * *

TOOLS OF THE TRADE

A doctor says that one evening when he was driving rather fast he made the mistake of passing a police car. At once it speeded up to catch him. Thinking fast, the doctor picked up his stethoscope from the seat beside him and waved it out the window. The officer saluted respectfully and slowed down.

But that's not the end of the story. "A day or two later," the doctor says, "when I was on the same road a police car speeded past me. I recognized the officer and he recognized me. With a friendly nod he stuck his hand out the window and waved a pair of handcuffs at me."

* * * *

The new jet age can be defined as "breakfast in London, lunch in New York, dinner in San Francisco, and baggage in Buenos Aires."

GREAT OCCASION

Recently a single girl came into her office and began passing out cigars and candy, both with blue ribbons attached. Somewhat puzzled and most surprised her co-workers asked what the occasion was. Proudly she displayed a solitaire on her left hand and announced, "It's a boy—six feet tall and 185 pounds."

* * * *

ENCORE, PLEASE

The golfer stepped up to the tee and drove off. The ball sailed straight down the fairway, leaped onto the green and rolled into the hole. The golfer threw his club in the air with excitement.

"Have you gone suddenly crazy?" asked his wife, who was trying to learn something about the game.

"I just made a hole in one!" yelled the golfer.

"Did you, dear," replied his wife placidly. "Do do it again; I wasn't watching."

* * * *

Anxious wife, as she watched her husband fishing in a bucket of water in the living room: "I'd take him to a psychiatrist but we need the fish."

* * * *

OR NEVER LOVED AT ALL

Said a frustrated young mother as she heard her children crying, and looked over her dirty house. "I sometimes wish I'd loved and lost."

* * * *

NO DECEIVER

A seven-year-old boy wanted to send a birthday card to the little girl next door, so his parents selected one for him. Although the card was very pretty, the wording was rather mushy so, before mailing it he wrote at the bottom of the card, "I really don't care this much about you."

* * * *

Teacher: "If you have 10 potatoes and must divide them equally among seven persons, how would you do it?"

Smart Lad: "I'd mash them."

A very shrewish woman had her husband brought to court charging him with desertion.

"Is this true, sir?" the judge demanded. "Are you a wife-deserter?"

"Your honor," the man replied, "if you knew my wife, you'd know I'm no deserter . . . I'm a refugee."

—American Legion

* * * *

"Actually, we're better off money-wise now than we were for a number of years," said the father. "Things were so rough there for a while that our youngest son was 9 years old before he found out there were other parts of a chicken besides the gravy."

* * * *

THE GOOD OLD DAYS

Old-time plumber: "when I was an apprentice we used to lay the first two lengths of pipe—then the boss would turn on the water, and we'd have to stay ahead of it."

* * * *

"Is he a cheapskate!" exclaimed the bride to her best friend. "I can still remember how embarrassed I was at our wedding, with everybody throwing old shoes, and him trying them on!"

* * * *

SURPRISE! SURPRISE!

The little boy was so used to seeing his mother in slim jims that when she dressed up in her Sunday best to go to church, he spluttered to his dad: "Look, Mom's a girl!"

* * * *

NO NEED TO BE STINGY

Grandmother to small grandson visiting down on the farm: "That's all the milk you can have for today, dear."

Small grandson: "But, Grandma, you got two whole cowsful in the barn."

* * * *

Hotel Manager: "Mr. Brown, come out here and look at this beautiful rainbow."

Cautious Tourist: "How much extra is it?"

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THE GERM THAT COMES IN

Care for a good mystery thriller? Here's one that actually happened.

The time was a few months ago. The place, an industrial school for boys. The story title? Call it, "The Germ That Came In From the Cold."

The germ in question is a potential killer — the TB microbe. It was found causing active disease in the lungs of two lads at the school—meaning that the germ not only was in their bodies but had started causing damage and could infect others.

Active tuberculosis can be highly contagious, especially among groups of school-age children. Once the breakout was discovered, the forces of medical law and order went into action. First objective: to find out who, if anybody, had "caught" the germ. A tuberculin skin test was promptly given the entire school population.

First results only deepened the mystery. The kids who slept nearest the "carriers" in the school dormitory were considered most liable to infection. Not one of these turned out to be infected. But 25 others were. Which raised a crucial question: Why these 25? What was the pattern of contagion that had to be solved if continued spread of the infection was to be cut off?

Scrutiny of the sick pupils' living pattern yielded an answer. One of the "carriers"—the two boys who had acquired active TB—sang in the school choir. So did 20 of the 25 boys in whose bodies the germ had newly lodged. Not only proximity, but common activity of a certain kind, was involved.

The lessons learned? First, a renewal warning that TB infection can be carried by mouth or nasal spray such as might be generated in singing. Second, a fresh reminder that TB can still be very much a menace.

—Kansas Health Education

We make a living by what we get, but we make a life by what we give.

FAMOUS WORDS

"Strange thing about Edgar. Ran into him just a few weeks ago and he hadn't needed to see a doctor in years. Now all of the sudden he's got this nasty Watchamacallit and he's laid up till Goodness knows when."

Those are famous words: "Haven't needed a doctor." Not necessarily **last** words, praise be, or there'd be no population problem. Not all the happy optimists who breeze along year after year without medical supervision are headed for a sick bed. But the point is that although we may be as young as we feel, we're not always as healthy as the absence of aches or pains may suggest.

A medical checkup is a form of insurance. Chances are your doctor, year after year, will pronounce you in fine shape and chase you away. "But chances" aren't good enough to steer by when your health and the future welfare of yourself and your family are concerned. You've got to know.

Certain ailments, including tuberculosis, emphysema, cancer, diabetes, high blood pressure, heart disease and others, can be present in the system for a considerable time without making themselves felt. The longer detection is delayed, the more difficult the job of treatment.

And if (as is likely) there's nothing to detect or treat, it's certainly worthwhile knowing **that**.

Good old Edgar, who felt great one month and was down with something or other the next, might have kept well and perpendicular if he hadn't avoided his doctor for years. Your Christmas Seal Association suggests an annual checkup, including a tuberculin test or a chest X-ray for everyone in the family.

—The Link

Some people are so painfully good that they would rather be right than be pleasant.

—1. Ball.

He who laughs last didn't catch on very fast.

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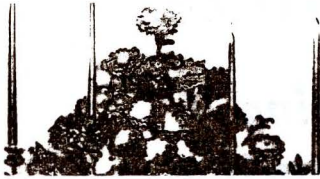
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