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NOVA SCOTIA SANATORIUM

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SEPTEMBER

No. 9

The Sanatorium Cracker Barrel

CRACKER BARREL

J. E. Hiltz, M.D.



Nothing is so changeless as change. This time the change we record is in the managership of our Canteen. With regret, we say goodbye to Mrs. Millie Schofield who has guided Canteen affairs here since March, 1952, having been an assistant there for the previous nine months. No one can work for fourteen years in one place without being missed when she

leaves. Particularly is this so when the work brings her in contact with many "generations" of patients and staff and innumerable visitors and when these contacts were carried out in such a friendly and competent manner. Indeed, Mrs. Schofield started at the Sanatorium as a patient in 1946 so she has won for herself, after almost twenty years, a very prominent place at the top of the ladder of affection accorded our "old timers". Our very best wishes go with her. At the same time we welcome our new mistress of the Canteen, Miss Myra MacIvor, who for many years owned and operated a gift shop in Kentville and also in Greenwood.

* * * *

Another change that is changeless is this habit of young women changing their names following an appropriate ceremony. On Saturday, August 7, Miss Marilyn Barnes became the wife of Robert Schaffner, the son of our Dr. V. D. Schaffner. It is strange just how difficult it is to break a habit. Two weeks later, I caught her still initialing her letters with an M. B. instead of M.S.!

On Saturday, August 21, Miss Eleanor Archibald, who was a student social worker here two years ago became the wife of law student Ned Chase whom we used to

see on his horse in this vicinity not too many years ago.

* * * *

On Tuesday, August 24, Miss Donna MacRae who interned here this summer (and lived, incidentally, where her father, Dr. Donald MacRae, had lived when he was a resident physician here thirty-one years ago) became the bride of her classmate, John Curry.

Our very best wishes for years and years of happiness are extended to these three happy couples.

* * * *

Our West Infirmary has taken on an improved look with the installation of new windows in the patient's rooms on the East and West wings. These will let in more light, keep out more drafts and provide better window sills for plants and "junk". Our children's ward, too, has benefited by new windows and also new vinyl tile floors in the porches and the playroom—not too soon, perhaps, but most acceptable now.

* * * *

Room 109 and its adjacent porch have been refinished and are operating as part of our Physiotherapy Department which has now graduated from a very small undertaking a number of years ago to a very important, busy and senior department of the Sanatorium. Its three staff members, Mr. Adi Jagosh, Mrs. Ruby Bhesania and Mrs. Gertrude Cook, are kept fully occupied. Many of our patients owe them sincere thanks for the help they have received in overcoming pain and disability and in assisting them to attain a full recovery and a return to a really normal life.

* * * *

Street lighting is soon to become a reality at the Sanatorium. For this, in anticipation, our staff say "thank you" to our Department of Public Works. No

Cont'd on page 8

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

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Sanatorium Chaplain	<i>Rev. J. A. Munroe</i>
Baptist—Minister	<i>Dr. G. N. Hamilton</i>
Student Chaplain	<i>Lic. Henry Sharom</i>
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Salvation Army	<i>Capt. R. Henderson</i>
United Church—Minister	<i>Rev. K. G. Sullivan</i>
Sanatorium Chaplain	<i>Rev. J. D. MacLeod</i>

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



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The Christmas Seal: Survey By Ship

Eileen M. Hiltz

The story of the motor vessel **Christmas Seal** is a modern application of the very old fable of Mohammed and the mountain. When Mohammed, the legend goes, realized that the mountain would not obey his command to come to him, adroitly turning defeat into victory, he went to the mountain. The Newfoundland Tuberculosis Association, faced with the mountainous task of surveying the scattered population of their island, strung along 6,000 miles of rocky coast in some 1,300 isolated communities, wisely emulate Mohammed: they go to the people.

Anyone acquainted with the geography of Newfoundland knows that to reach the outport communities one must travel by boat; no land connections exist between the settlements dotted up and down the winding coast. It would be futile to ask these scattered people to report to a central location—a survey team must go to them. To this end, in 1947, the Newfoundland Tuberculosis Association acquired a ship and converted her into a floating clinic which each year since has plied the coast carrying out x-ray and tuberculin testing surveys in even the remotest settlements.

The **Christmas Seal**, as she has been appropriately named (she is financed by sale of tuberculosis Christmas seals) is a handsome ship, painted snowy white, her mission proclaimed by the large white flag which bears the red double barred Cross of Lorraine, symbol throughout the world of the fight against tuberculosis. She makes a striking picture against the barren coastal rocks and weathered fishing boats of the lonely coves and inlets where she seeks out her sworn enemy, tuberculosis. In the 18 years that she has been in operation as a clinic ship, the **Christmas Seal** has become a familiar and welcome sight to the fisher folk of these isolated settlements, and the music played over her public address system to announce her approach draws one and all to the wharfs and stages to greet her and her friendly personnel.

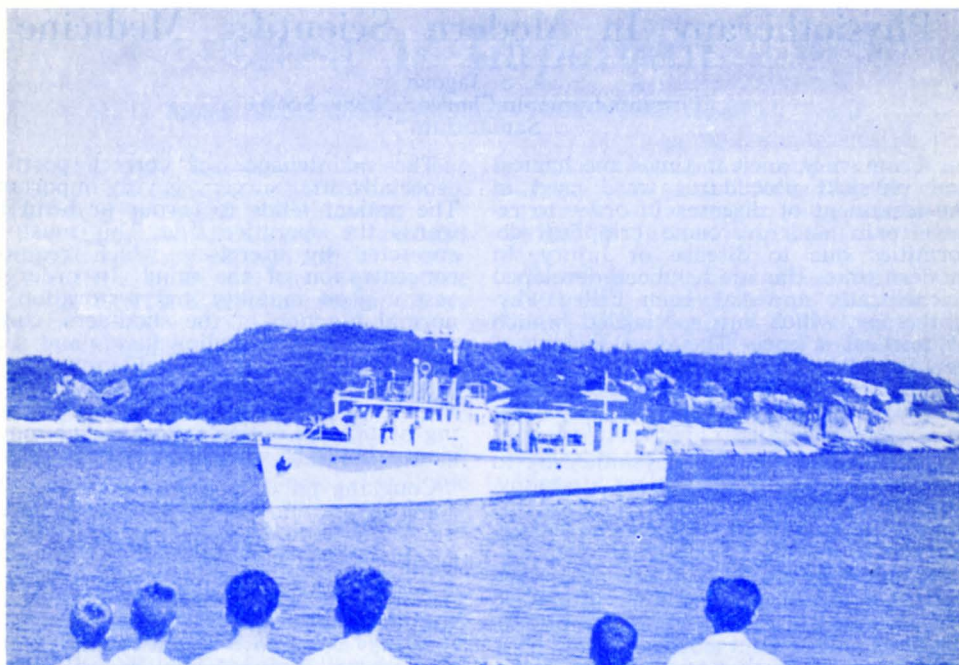
The **Christmas Seal** had a history of service before she was taken over by the Newfoundland Tuberculosis Association. Prior to 1947 she formed part of the rescue service of the United States Air Force. In size and structure she is comparable to the Fairmile class of war ship which

operated out of Halifax during the Second World War. An 148-ton ship, she is 104 feet long with a 19-foot beam and draws 8 feet of water. Her gasoline engines have been replaced with diesel, which has cut her down to a top speed of ten knots—quite fast enough for her present service. To carry out her survey work it was necessary to construct a deckhouse aft, and this contains most modern x-ray equipment for the taking and developing of plates. Quarters below deck aft were set up for the survey staff traveling with the ship. Below deck forward are the captain's cabin, the crew's quarters, the all-important cook's galley, and a small, nook-style dining saloon. Her compliment consists of four besides the captain: mate, engineer, sailor and cook. The survey team can vary: one or two technicians and a health educator, with doctor and nurse along whenever possible.

In the summer of 1951 Dr. Hiltz and I had the memorable experience of traveling on the **Christmas Seal** when she made her first survey trip to the Labrador coast. Although that was fourteen years ago we recall without effort the ship and her wonderful crew, drawn from different parts of Newfoundland with their distinct regional accents. There are none of the same crew aboard the **Christmas Seal** now, but she is still under command of the captain who took her on that somewhat exploratory voyage.

Captain Peter Troake, a Twillingate man, has been master of the **Christmas Seal** for more than twelve years, and is undoubtedly a strong factor in the great success of the **Seal's** enterprises. Anyone privileged to have sailed with Captain Troake will never forget the spell-bound hours in galley and whellhouse when he told tales of the fishing and sealing expeditions he had made, and of the people and places he had known. This gift of words he uses to advantage in persuading the timid or reluctant aboard the **Christams Seal** for their examinations, and for the entertainment of the children to the extent that he has been referred to as "The Pied Piper of Newfoundland".

The work carried out by the health personnel on board, to make quite possibly too fine a distinction from those who run the ship, can be very varied. Their prime concern is, broadly stated,



The MV Christmas Seal entering a Newfoundland outport to carry out her tuberculosis survey work. As usual the people of the community are on hand to greet her.

the detection and prevention of tuberculosis, accomplished by x-rays, tuberculin testing and the administration of BCG vaccine, as judged to be indicated by individual circumstances. The technicians are skilled in handling the people, whether they come singly or in throngs, allaying the very natural anxiety of many when confronted by the shining machines and needles. At all times the work of the health educationist goes on, spreading the modern gospel of tuberculosis control and winning co-operation by replacing old beliefs and fears with understanding and hope.

Since all health problems are interrelated, it is to be expected that other services than TB control are carried out by means of the **Christmas Seal**. To give but a single illustration, in 1963 a technician under the Newfoundland Branch of the Canadian Diabetic Association travelled on the ship and in one season made 5,100 routine urinalyses.

In this brief sketch one glimpses only the bare bones of a programme so multi-fold and intensely human as that conducted from the **Christmas Seal**. With our

readers indulgence I would like at another time to relive the five unforgettable weeks spent travelling the Labrador coast, and endeavor to give a fuller picture of the day to day life and work of the **Christmas Seal** and her people.

A fine article on the **Christmas Seal** which appeared in **The Atlantic Advocate**, December 1962, ends with these words: "Begun with slight hesitation, the service offered by the M.V. **Christmas Seal** will in days to come, no doubt, be subject of a Newfoundland come-all-ye from coast to coast and her story sung by balladeers in Show Cove, Stock Cove, Leading Ticksles and Shoal Harbour. Well named, it is indeed Christmas in the hearts of many after a visit to the white painted boat with the message of hope".

The middle aged man was shuffling along, bent over at the waist, as his wife helped him into the doctor's waiting room. A woman in the office viewing the scene in sympathy asked "Arthritis with Complications?" The wife shook her head. "Do-it-yourself," she explained, "with concrete blocks."

Physiotherapy In Modern Scientific Medicine

A. S. Jagosh
Physiotherapist-in-Charge, Nova Scotia
Sanatorium

From very ancient times mechanical and physical procedures were used in the treatment of diseases in order to relieve pain and overcome crippling deformities due to disease or injury. In modern times this art has been developed scientifically and has been called Physiotherapy, which is a specialized branch of medical science. The development of new medical and surgical procedures over the years created a need for physiotherapy to assist in the restoration of the patient to complete health.

The opportunities for physiotherapy to benefit the tuberculosis patient are many, and the disabilities which may follow this disease and its treatment can be largely corrected or controlled by it.

In the treatment of tuberculosis the patient is encouraged to return to normal life as soon as possible, and the physiotherapist helps him towards this goal. Treatment for each patient must be individualized, but there are some fundamental principles which apply to all.

Man needs oxygen for the maintenance of life. This reaches the body tissues by the important function of respiration, which makes possible the exchange of oxygen and carbon dioxide, a waste product, during the process of breathing.

The most important and greatest muscle of respiration is the diaphragm. It is important to learn to use the diaphragm properly in breathing. As one breathes out, the diaphragm and abdominal muscles contract to squeeze the air out of the lungs. One should breathe out sufficiently far to create automatically a greater intake of oxygen. Good chest expansion is one attribute of the healthy and strong.

In emphysema the lungs lose their tone and spring-like action, and the diaphragm tends to flatten out. For this condition, therefore, diaphragmatic breathing is important, as controlled expiration increases muscle tone and relieves breathlessness. It is important to remember the name of this exercise: diaphragmatic breathing, with abdominal contraction and expiration.

Ordinary normal breathing should be slow and deep, with good expansion of the chest. Both breathing exercises should be done three to five times a day on an empty stomach, and according to tolerance, with seven to ten respiratory movements each time.

The maintenance of correct posture, especially after surgery, is very important. The patient tends to favour or bend towards the operative side. This must be corrected by exercises, which requires concentration of the mind. In order to assure good mobility and restoration of normal function of the shoulders, chest, arms and legs, including hands and feet, exercises must be started immediately after surgery to maintain circulation of the blood, muscle tone and promote healing of tissues. Active full range of movements should be what one strives to attain.

Coughing may sometimes be a troublesome symptom, but its purpose is to remove secretion from the lungs. It is nature's way of keeping the lungs clear. During respiratory infections lung secretions may become very thick and interfere with the breathing process. It is important that they be removed from the lungs, and so Postural Drainage may be undertaken under the direction of the physiotherapist. To get maximum benefit from this procedure, much perseverance is necessary, clearing the lungs of secretion by easy coughs, as if one were clearing the throat.

Physiotherapy in many ways helps the patient to get well faster and more completely than would be the case without assistance.

Cracker Barrel Cont'd

longer will staff going off duty find it necessary to grope their way in the dark up the road toward Exhibition Street and Gallows Hill.

* * * *

I cannot close this column without a special thank you to our gardener, Bob Middleton, who has done a superb job again this year in making our grounds most attractive. Our thanks, too, are extended to Mr. Stub Sweet and his maintenance staff for their efforts in trimming up our pine groves and the underbrush on the hillsides in order to increase the attractiveness of our surroundings. Everyone's help in keeping it tidy is appreciated, too. The Sanatorium is no place for the litter-bug type who cannot recognize the beauty of nature and does not let others enjoy it either. We would like to think that some day our grounds would be considered one of the show places of our Province.

Rest Is Important

R. G. Moles, M.D., McKnight State Tuberculosis Hospital, Texas

General body rest is still basic treatment for all cases of active tuberculosis, whether in or outside a TB hospital.

Everything that is not rest is exercise. Exercise requires expenditure of energy. Every little thing you do requires the body to expend a certain amount of energy.

Everything that is not exercise is rest. General body rest conserves energy, it is nature's way of combatting most infections and many other illnesses. That is why it is prescribed for tuberculosis.

People differ a great deal in the amount of tuberculosis they have when they come to the sanatorium. They will differ correspondingly as to how much rest they will need to make a satisfactory recovery.

People also differ greatly in their inherent ability to resist or overcome tuberculosis, and this also must be taken into account by the physician in prescribing treatment. Sometimes a patient with twice as much tuberculosis as another patient will respond more quickly to the same treatment.

You can't tell, and the doctors can't tell, just by looking at the fellow in the bed next to yours how much disease he has or how much rest he needs. So don't try to pass judgement on your neighbor's needs—that's the doctor's business.

The doctor finds out how you and other patients are getting along mostly by looking at X-ray pictures of your lungs. It is impossible to tell how well a patient is merely by looking at him.

You can't tell about yourself either, just by the way you feel, or how many pounds you have gained since you came to the hospital.

Cure-taking is a 24-hour proposition. It's how much rest the patient gets each day that counts. It is true that for most patients the total amount of body rest prescribed each 24 hours is not nearly as

great as it was before modern drugs and surgery became available. But the smaller amount of rest that still must be prescribed is just as important as it ever was.

Remember, the chief difference between taking half as much rest as you need, and taking almost enough is that in the latter instance you get worse more slowly—much like jumping from the fire into the frying pan. One of the best ways to get advanced tuberculosis is to take not quite enough treatment for the disease in its earlier stages.

Should your neighbor in the next bed, or your roommate, require more rest than you need, be happy you don't need as much. Help him to get the full amount his doctor has ordered. Don't disturb him when he is trying to rest. Don't tempt him to cheat.

If your neighbor has more privileges and more "up time" than you, be glad for him. Don't be envious or impatient.

The only way to cure your tuberculosis is to take the amount of rest you need. TB germs can't tell whether or not you are asleep. Nor do they know whether or not you are worrying. But they do notice a big difference if you permit yourself to toss and turn, and thrash about as a result of not sleeping, for in these ways you waste precious energy, and give the germs a new lease on life.

The same thing with worry. It would be all right if you could worry without your muscles becoming knotted and tense—interfering with digestion, and generally expending physical energy you can ill afford to waste. But you can't worry without these other things happening, too.

So try not to worry. If you have troubles, talk them over with the doctor, the nurse or rehabilitation officer.

Via SBM News Bulletin.

Contrast

If we never saw the contrast that there is
twixt sun and rain;
If we never knew the difference that there
is twixt joy and pain;
How could we prize the beauty of a sunlit
summer day,
Or know half the glowing pleasure of an
hour that's free and gay?

—Selected

Rehabilitation For Emphysema Patients

By Albert Haas, M.D., Director of the Chest Rehabilitation Service of New York University's Institute of Physical Medicine and Rehabilitation.

(The following is the major portion of an article which appeared in the National Tuberculosis Association Bulletin, April 1964).

The number of emphysema sufferers in the United States is startling, according to recent public health surveys. Over a million people are reported to be victims of this disease, and figures show that the number is increasing. A social security study of work disability allowances reports that this distressing ailment that causes chronic shortness of breath is second only to coronary heart disease in disabling our nation's workers between the ages of forty and sixty-five.

The problems created by emphysema are not only physical ones; the social and economic problems resulting from this disease are most serious, because it is this over-forty group that is normally the most stable and economically productive in our society. Breadwinners are frequently incapacitated; their families are seriously affected financially, socially and psychologically.

As the disease progresses, the patient has greater and greater difficulty in meeting the demands of endurance, speed of work and travel required by his vocation. His attendance at work may be irregular, and he may have to abandon his occupation. Ultimately, he may even reach a point where he is unable to attend to his own personal daily activities without help. Generally, the medical profession today knows of no cure for this chronic and progressive disease.

In most places, help for the emphysema patient has been limited to partial relief of his symptoms. There has been little help for him in the way of an over-all program to assist him to regain some of the independence that he has lost. Recently, however, a five-year study at the institute of Physical Medicine and Rehabilitation at New York University Medical Center under the chairmanship of Howard A. Rusk, M.D., has shown that a systematic program, consisting of oxygen therapy and medication, together with postural drainage to relieve accumulated secretions, breathing exercises, and also psychological, social and vocational evaluation can offer relief and some kind of productive life to many of these patients.

Chronic emphysema does not necessarily have to mean a life of uselessness and invalidism any longer.

Treatment of emphysema to date has been largely directed at making the patient feel better. This involves use of drugs to relax the bronchial passages and to liquefy secretions, and Intermittent Positive Pressure Breathing (IPPB) to assist ventilation. Broad spectrum antibiotics are also used for control of respiratory infections.

These are all most useful, but even with them, the patient is often unable to carry on his normal work and, as noted previously, may even be unable to take care of his personal needs.

What can be done?

What can be done to rehabilitate these patients? Studies at the NYU Institute of Physical Medicine and Rehabilitation show that much can be done by adding to standard medications and oxygen therapy special rehabilitative measures to make the most out of diminished breathing capacity. This can be carried out by trained personnel in the home or in a community hospital or health center as well as in a large institute such as the one at NYU. Added to this, vocational rehabilitation can assist the patient to take on less physically taxing work or to resume useful activity where this has been discontinued.

What are the rehabilitative measures utilized by NYU's institute?

Postural drainage

Bronchodilators and medication used to liquefy bronchial mucus do not always relieve obstructions adequately. Often the physicians can help by positioning the patient so that gravity will aid in draining bronchial secretions through the windpipe and the mouth. Although postural drainage for emphysema is widely practiced in European countries, not too much attention has been given to it in the United States. And even when it has been practiced here, it has often been done in a hap-hazard manner. Because the bronchi twist in numerous directions, a number of different positions may be necessary to do the job.

In a hospital center, postural drainage is carried out on tilt tables designed for the purpose, and there is a trained staff

to direct the treatment. But methods devised for home usage are also satisfactory. Once instructed, the patient can perform them with a member of the family or, if necessary, he can perform them by himself.

Breathing exercises

Even healthy persons—with the exceptions of athletes and singers—rarely know how to breathe properly. Special training to teach the emphysema patient a correct breathing pattern can assist greatly in helping him become more efficient in his breathing and thus conserve his energy.

Through breathing exercises, patients are taught how to relax in a normal body posture and how to decrease the cost of breathing by having the diaphragm resume the burden of respiration. The retraining of the diaphragm is particularly important. If the chest muscles are allowed to do all of the work, they must work many times harder than they were meant to, and they will consume excessive amounts of oxygen in proportion to the percentage they deliver to the body for its important processes. Through breathing exercises, the patient is also taught to live within the limits of his diminished cardiorespiratory reserve and his disability without increasing it by cutting down his activities excessively.

Vocational rehabilitation

At present, the majority of emphysema patients are unable to work. However, a large number of them could do some kind of constructive work if it were carefully planned and commensurate with their physical capacities and skills. How much the patient can take on depends upon the severity of the disability and how far the disease has advanced.

Rehabilitation instituted in the early stages of the disease is essential to success. In some cases, changing vocations is as important as is treatment of the symptoms. Early detection of emphysema and assessment of the patient's capacities can often permit many more years of employment in his regular job, especially if it is sedentary factory or office work.

There are several very understandable reasons why well-rounded rehabilitative programs are not more widely available.

First of all, pulmonary emphysema is rarely diagnosed in the early stages. Often when diagnosis is made, the disease is so far advanced that rehabilitation is more difficult and would require considerable time, specialized facilities and personnel. Patients in moderately advanced stages are usually treated on an outpatient basis in a physician's office or in the clinic. The

patient receives treatment for his symptoms but often is not referred to rehabilitation agencies for aid.

Among the reasons for lack of awareness of rehabilitation as a part of help for the patient is the fact that evidence of its value was hard to come by, and the economic burden of employing a large number of specialized people to act as a team in applying physical and vocational rehabilitation in an experimental venture is enormous.

However, today municipal and voluntary hospitals do have equipment and staff available to handle such problems. It should be possible to institute broad rehabilitative programs for emphysema patients in many of these hospitals, given the interest of the staff. Community health agencies can do much to aid in highlighting the need for vocational rehabilitation in this area.

In closing I do not wish to say that rehabilitation measures will cure chronic bronchitis or emphysema, which are known to be incurable. But it is my sincere belief, supported by the findings of a five-year study, that physical rehabilitation measures such as postural drainage and breathing exercises are an additional tool in relieving patients from their discomfort, in helping them to increase the range of their daily activities, and in many instances, in making it possible for them to return to productive work.

SHOULD IT RAIN UNEXPECTEDLY

A real rain that looked as if it would last all night got under way just as two tables of bridge broke up at the home of one of our friends. The guests managed to dig hat covers from their purses but had not brought raincoats. Our pal, full of resource, initiative and all that sort of thing, fixed them all up with the elastic bags in which dresses now come from the cleaners.

She states that the sight of these well padded ladies squeezed into the clothes bags making their way out to the taxi did more for laughs than movies intended to be comic.

TB—AND NOT TB.

Landmark In TB History

It was in 1865, just 100 years ago, that Jean Antoine Villemin of Paris demonstrated that tuberculosis was infectious. He transmitted the disease, by inoculation, from a diseased animal to a healthy one.

Seventeen years later Robert Kock succeeded in isolating the bacillus.

TB—and Not TB.

Question Box

M. Rostocka, M.D.

- Q. What is the difference between communicable diseases and infectious diseases?
- A. Although the word "communicable" suggests that the condition can be passed along to others and the word "infectious" infers that the condition is caused by microorganisms or parasites, the two words as applied to diseases are generally used without distinction.
- Q. After a tuberculosis lesion has healed, can it become active again, or does the activity start in another part of the lung.
- A. After a tuberculosis lesion has apparently healed, it may, in some cases, become active again. The activity may also start in lesions which were too small to be demonstrated by X-ray previously.
- Q. If a patient can avoid relapse for three or four years after discharge from the Sanatorium, is the danger of relapse at any time lessened?
- A. Yes, the danger of relapse is lessened, but the possibility of relapse is not eliminated. It is worth mentioning that 84.5% of all reactivations in 1963 did not occur for at least five years, and 12% did not occur until after 20 years.
- Q. Is cancer of the lung determinable by X-ray in the early stage? If not, what other methods of detection can be used?
- A. Cancer of the lung is determinable by X-ray in relatively early stages. In some cases, however, symptoms may exist when the X-ray picture is completely normal. In these cases, cancer of the lung may be detected by the following: Sputum examination for malignant cells, bronchoscopy, and bronchoscopic washing examination. These examinations may give positive findings when the chest X-ray is still within normal limits.
- Q. Does hot weather affect or raise a patient's temperature?
- A. Hot weather within ordinary limits may cause only very slight changes in the patient's temperature. It is noted, however, that some individuals moving from a temperate climate to a tropical one require a period of adaptation.

Children Are Chief Victims of Epidemics

Headlines in papers of Western Ontario early in July made frequent use of the word "swamped" to describe the chest clinic. The **St. Thomas Times Journal** heading implied the reason for the rush: **CHEST CLINIC SWAMPED AFTER TB OUTBREAK.**

The word "after" is worth some sad reflection. The population of Middlesex County, like the population in most of the rest of Canada, has been urged by public health officials in general, and tuberculosis workers in particular to attend mass surveys. As usual a discouraging number of persons were too disinterested to attend. It took an outbreak to alert the community to the trouble undiagnosed cases can cause. Conspicuously, the swelled attendance was chiefly children being brought by their frightened parents. Adults were in a distinct minority though it is more than likely that the source of infection is an adult, or adults, in need of treatment.

The outbreak which caused the line-ups at the clinic was centered in Holy Cross Elementary School, London. From a student population of 350 and a staff of ten regular and several part-time teachers, 13 students were admitted to

Beck Memorial Sanatorium and seven other students and two teachers are being given drug treatment on an out-patient basis, making a total of 22 cases.

This situation is not nearly so rare as public health officials could wish. In recent years five of the ten provinces have reported epidemics at the Canadian Tuberculosis Association annual meetings. Very often these were centered in schools and for this reason caused real alarm. The concern of parents is for their children. The concern of health officials is that these outbreaks show how much damage can be done by an undiscovered source.

Within the last year Ontario has had three warnings of how much tuberculosis still lurks just out of sight. At Hearst a survey was undertaken and the coverage was more extensive than usual, due to the enthusiasm and thoroughness of the organizers who succeeded in getting 87 per cent of the population of 7,700 out for tuberculin testing and, if positive, for chest X-ray. They found 17 cases of active tuberculosis of whom eight were adolescents. They also found 18 inactive cases and 221 positives reactors under the age of 25.

C.T.A. Bulletin

30 Years Ago

Man's never-ending search for new ways to deal with old problems has countless times raised high hopes which fall and are forgotten. The Editorial Comment for **Health Rays**, September, 1935, was concerned with two such research projects carried out in the war against tuberculosis. The Toronto **Daily Star** 30 years ago gave publicity to a new treatment. It makes rather grizzly reading, but here it is: "Maggots eat tubercle bacilli and may be used for treatment of diseases of lungs, Dr. Norman Bethune, chief chest surgeon of the Sacre Coeur Hospital, Montreal, told members of the American Association for Thoracic Surgery at a convention in New York.

"Reporting on a series of cases in this new treatment of tuberculosis of the pleura, gangrene and lung abscess, the first ever to be attempted, Dr. Bethune said that when sterile-bred living maggots were placed in diseased lungs they not only ate away the dead tissue, but ate the tubercle bacilli as well. The living tissues were never touched.

"Dr. Bethune said patients, all of whom were greatly improved in the course of the treatment and two of whom were completely cured, found the treatment painless beyond a slight tickling sensation when the maggots, after finishing their work, attempted to escape." Gulp!

The second research project was reported in the **Detroit News**, 1935, as follows: "A snarling, angry little rhesus monkey snapped and 'cursed' volubly at an unprecedented number of visitors in the laboratory of Dr. Ralph Willard. The ill-tempered simian was Jekal, who rose from a frozen death after five days. Dr. Willard froze Jekal experimentally into a small gray lump of ice. Then, after 120 hours, he thawed him out and placed him back in the cage as good as new.

"The goal of Dr. Willard's research is to find a cure for tuberculosis and certain other human diseases through artificial freezing. Cold is fatal to germs of many classes, he explained, and it is possible that the freezing technique might eliminate several diseases which have plagued mankind." Brr-r-r!

The Old Timers column was running and popular back in 1935. On this occasion the editor had just returned from holidays spent in "God's County", which, she identifies thusly: "Lest some contrary and benighted souls from Cape Breton or the South Shore be pleased to misconstrue our words, we'll explain that we refer to

no place other than Pictou County". Further on we read: "Eight miles from New Glasgow in the beautiful village of Hope-well lives Pictou County's most ardent exponent—Earl Millen. We visited Earl at his home, and surely if ever patriotism is justified, there is the case. In fact, Mr. Wordsworth might have been viewing just that particular spot when he wrote: 'Earth hath not anything to show more fair'. Earl reports a good summer, with a gain in weight." Earl, as many readers know, came back to the San. for a few months this past year, returned home improved in health, and is still a Grade A Pictonian.

Here's a sentence picked out of an article bearing the sub-title: "The Wife of H. L. Mencken Conquers Tuberculosis Four Times", which is worth some thinking upon: "There never was a disease where the patient had more to do with his recovery."

And this jest: The new minister had asked Eph Brown to lead in prayer. It was Eph's first experience of this sort but he didn't want to disappoint the new pastor and so he complied. Twenty minutes later found Eph still praying. He had prayed for everything and everybody he could think of. The congregation were becoming restless. Finally from one of the deacons came a strong "Amen!" Eph opened his eyes and said: "Thanks, deacon; that's the word I've been trying to think of ever since I started."

THAT TYPOGRAPHICAL ERROR

The typographical error is a
slippery thing and sly
You can hunt till your are dizzy,
but it somehow will get by.
Till the forms are off the presses
it is strange how still it keeps;
It shrinks down into a corner
and it never stirs or peeps.

That typographical error, too
small for human eyes,
Till the ink is on the paper,
when it grows to mountain size.

The editor stares with horror, then
he pulls his hair and groans;
The copy reader drops his head
upon his hands and moans—
The remainder of the issue may
be as clean as clean can be
But the typographical error is
the only thing you see!

—The Link

HEALTH RAYS

VOL. 46

SEPTEMBER

No. 9

STAFF

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EDITORIAL COMMENT

Perhaps as recently as ten years ago the average layman was unacquainted with that strange sounding word "emphysema". Today, unhappily, it is becoming common in our everyday language. We hear of it and read of it, and meet people who suffer from it more and more frequently. We felt, therefore, it was time we offered our readers something on the subject. In the August issue of **Health Rays** there appeared what we consider an excellent discussion of the disease under the heading "In Emphysema the Body Is Starved for Oxygen". This month we have somewhat of a follow-up in the article "Rehabilitation for Emphysema Patients", which tells what can be done to alleviate the suffering caused by this dangerous and distressing disease.

We are grateful to Mr. Adi S. Jagosh for the brief but instructive article on Physiotherapy in Modern Scientific Medicine. Mr. Jagosh came to the Sanatorium one year ago this month to take charge of our Physiotherapy Department. Prior to coming here he practiced his profession in India for twenty-eight years, the last ten of which he operated his own Physiotherapy Clinic and also was a lecturer on Physiotherapy at the Victoria Memorial School for the Blind in Bombay. Now associated with him in his work here is his daughter, Mrs. Ruby Bhesania, who joined the Sanatorium staff in June. Mr. Jagosh with his daughter and Mrs. Gertrude Cook make up a strong team for our Physiotherapy Department, whose place in the treatment of diseases and physical disorders is ever increasing in the Sanatorium programme.

Our thanks also to Dr. Rostocka for

the Question Box this month. With Dr. Quinlan on well-deserved holidays, far out of reach, we approached Dr. Rostocka to sub. for him. and after a slight twist of the arm she agreed. Her answers are given with knowledge and careful consideration, and with a brevity that gives the lie to the charge that women use more words than men!

An editorial to be worth its salt — or the time it takes to read it — must stem from conviction. When one is blessed — or otherwise — with a mind that can see both sides of most questions almost equally, it is difficult to hammer out a theme with proper single-minded intensity. Especially if the weather is hot and humid, and greater than usual summertime demands of time and energy loom like an insurmountable mountain, the fervor necessary for spirited directives is apt to be lacking. At such times one tends to take the lazy way. The lazy way to write an editorial is to quote, and the laziest of all is to quote from oneself. Which is what we are about to do.

Last month when we thought to pen some lines commenting on the desert-like summer conditions, and to give some much merited praise to our gardener, whose flower beds were an oasis of beauty, a vague feeling of familiarity crept over us. Had we not said all this before? A small amount of research turned up the following paragraphs, which had appeared in the September 1960 **Health Rays** under Editorial Comment:

"We have just experienced a summer of truly fabulous weather. Day after beautiful day the sun rose and shone, to be followed by balmy evenings and starlit nights. One could plan an outing at will,

careless of that customary Nova Scotian injunction: 'Weather permitting'. For holidayer and tourist it was paradise.

"But just as no joy is unalloyed, so surely under every perfect rose there lurks a thorn. For the farmer, the gardener, for those who would grow things out of doors, it has been a trying season. A fundamental requirement of all plants is water, and this summer rain was lacking to a disastrous degree. Fruits and vegetables reached a stunted maturity too early, while in all the countryside around could be seen shrivelling flowers and brown, crackling fields.

"An oasis in the summer drought, the Sanatorium grounds presented a wonderful picture of green lawns and flower beds a riot of color. One need not be a professional gardener to know that even in the best of summers a picture like that does not happen of itself. In this most difficult season one can imagine the thought and labor that went into the maintenance of such a scene. This year more than ever we realize our good fortune in having Bob Middleton as our Sanatorium gardener."

How many of us remember that just five years ago we had a summer of heat and drought much like that experienced this year? Perhaps it is because we have such a confusing variety of it that our memory for weather is so short and unreliable. As a topic it is always new, and that may be why we are so prone to open all conversations with a comment on it. Just a good old Nova Scotian custom!

These six things doth the Lord hate: yea, seven are an abomination unto Him: A proud look, a lying tongue, and hands that shed innocent blood, a heart that deviseth wicked imaginations, feet that be swift in running to mischief, a false witness that speaketh lies, and he that soweth discord among brethren.

—Proverbs 6:16-19

THE FAR TOO COMMON COLD

Spring Thaw, the revue that gives Canadians a chance to have a good laugh at themselves, was in town last week. There was a lot of satire on our politics and our folk ways in general but one number was given over to song and dance about spring colds. It began with lots of sneezes.

About the time we all begin to feel that spring is just around the corner a fresh rash of really miserable colds gets under way. They are "common" all right, but the fact that one knows a baker's dozen of others who are suffering doesn't make it any easier to bear the headache, the plugged-up nose, the sore eyes, the sore throat, the cold sore, the coughing and the feeling of fatigue.

Our grandmothers attributed colds to wet feet and getting a chill. Our grandmothers didn't put much stock in the powers of a virus. Probably some of them never heard the word.

They weren't all wrong, however. A mean virus is the cause, but if the body's heat balance is upset it is easier for the invaders to establish themselves and make us miserable.

Colds are most infectious in the initial stages. The person who "nobly" keeps on at the office is doing fellow workers no good at all. He or she just "gives" it to others.

The old fashioned remedy of going to bed with plenty of liquids is still a good one. There is no specific drug for the common cold but there are a few things (well advertised) which decrease discomfort. Use them.

The most important advice about colds is to take action if they linger a while longer than they should. A cough that "hangs on" calls for investigation by the doctor. It just might be that TB germs were taking advantage of the short crisis in the body's health to get into action.

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So says Robert Service in his autobiography **Ploughman of the Moon**, and on reading it I fell to thinking. It is not only trees in the Arctic that are frustrated and stunted because of difficult circumstances. Many people there are who would have stood, figuratively speaking, a full 300 feet among their fellows, but life had not planned it that way. They are forced to live a much more restricted life

than others and their possibilities are never realized.

Is there an alternative to despair, cynicism or fatalism? Must a disabled person believe there is nothing of value that he can do in the world. It seems to me that Robert Service's tree had learned very well Jesus' story of the talents. Despite its difficulties, it had survived and done something positive in its part of the world. Is this not what the parable says to us? Jesus tells us that one-talent people are important also. There is something to do and to be. Perchance we can not now be what we might have been, but we do have our one talent of we but choose to put it to use.

Years ago Doctor Osler, a world famous physician, had this to say: "One of the saddest of life's tragedies is the wreckage of the career by hurry, hustle, bustle and tension. Concentration, by which is grown gradually the power to wrestle successfully with a subject, is the secret. The failure to cultivate the power of peaceful concentration is the greatest single cause of mental breakdown." Those are wise words from a wise man, to be adhered to, if we can.

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Old Timers

Things were quiet around Medical Section the day we called on Anne Marie for Old Timer news, what with people on holidays and some of the typewriters under their wraps. But by the time this appears the holidayers will be back and things will be humming again—and, frankly, that's the way we like it.

Anne Marie reports a very pleasant visit from Alice Benjamin, who was here in 1948 and now resides in Kentville where she is receptionist for Dr. D. H. Kirkpatrick. With her was Alice Nicholson, now Mrs. Willard Hunter, who was a patient here in 1946, and who returned in 1951 to take the Nursing Assistant course at the San. After working in Moncton for some time, she now lives in Sydney and works part-time, which must keep her very busy as she now has four children. She told Anne Marie that she thinks back on her San. days as very happy times, and we were glad to hear that she is the picture of health and happiness herself. While in Kentville she went with Alice Benjamin to see Blanche Conrad Mapplebeck, who

to take in a play at the Neptune theatre.

Among last month's visitors were Mr. and Mrs. Joe MacKenzie from Cape Breton. Mrs. MacKenzie, the former Annie Veino, was here in 1942, while Joe was a patient in 1960. Both Annie and Joe work at Point Edward Hospital, Sydney.

We don't often go back as far as 1917-18 for our Old Timers, but that is when Brouard MacKenzie was here, then a captain in the army during the First World War. He is now retired and spends his summers in Canning and his winters in New York, and during the summer he likes to come in for his check-up.

George Saulnier, a 1945 patient, dropped in for a visit, bringing with him Joe Irene Comeau. Joe, who was here in 1960 and lives at St. Alphonse, Digby Co., has given up fishing and now works in the woods. George, formerly from Meteghan, is now a maintenance man with a yacht club in Ontario.

Another visitor was Robert Ackles, who left here two years ago. It was good news to hear that he graduated in bookkeeping from the Nova Scotia Institute of Technology this summer. He now has a good position in Halifax, where he lives with his family. He is remembered as an industrious student while at the Sanatorium, so it is gratifying to learn that he has continued his studies so successfully.

A very well-known Old Timer, Richard Pottie, came in for his regular check-up. Dick was one of our patients who later took the Nursing Assistant course, and he works at the Western Kings Memorial Hospital, Berwick, where he has been for a number of years. He and his wife, the former Rose Borgal, live at Aylesford with their little girl, whom they call by the lovely name of Anne Marie. And our Anne Marie says the little daughter looks very much like her father, especially her eyes.

Sandra Myers, the merry-hearted Lab. technician who made blood-taking almost painless, visited here while she was on vacation from her work at the Children's Hospital, Halifax. Sandra left the San. staff three years, but she will be remembered by many patients and staff. She says she runs into many patients in Halifax, the most recent being Dick Smith, whom she says looks very well.

On August 21 we attended the wedding of Eleanor Archibald and Edward (Ned) Chase in St. Andrew's United Church, Wolfville. Eleanor had been a patient here in 1955 and upon recovery of her health she entered Acadia University. From there

THIS HALF PAGE IS WITH THE
COMPLIMENTS OF

Don Chase, Ltd.

is busy having her house enlarged and remodelled. Alice Benjamin gave news of a former porchmate, Elizabeth Barrett, who works in Halifax and drives down to see Alice every other weekend.

Ernest MacMillan dropped in to visit old friends, looking very tanned and well. He was a patient here in 1950 and now works as a printer in New Glasgow.

Louis Thibault of Comeauville, Digby Co., stopped in on his way home from Summer School at Mount St. Vincent, where he had been taking the science block for high school teachers. He now teaches science in Clare District High School, Meteghan River. He was here in 1953, and comes in for his D.V.A. check-ups.

Another teacher Old Timer stopped in for his check-up—Earle Langille, who was here in 1957. He is principle of Hebbville school, and lives in Bridgewater with his wife and little boy. His wife, the former Chris MacIntosh, was a patient here for a brief while, then worked as Public Health Nurse in Bridgewater. The day of their visit they were enroute to Halifax

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she went on to take her Master's degree in Social Science at Halifax, during which time she did her internship back here at the San. She plans to continue her work in Welfare in Halifax while her husband completes his course at Dalhousie Law School. Health Rays wishes every happiness to Eleanor and Ned.

Three days later we attended another wedding—the marriage bells are really ringing this summer! — this time when Donna MacRae and John Curry took their vows in St. David's Presbyterian Church, Halifax. Mention of Donna and her summer stay at the San. is made in The Cracker Barrel, so we shall only say it was a very beautiful wedding starring a most happy bride and groom. Of interest to this column was the fact that the guests were privileged to hear during the ceremony two beautiful solos, performed by a classmate of the bridal pair, Mrs. Edgar Scott. We had the opportunity to speak with Mrs. Scott and Edgar, who was here in 1961, at the reception which was held at the Lord Nelson hotel, were delighted to see how well he looks and to learn that he is teaching at Dalhousie. It may be remembered that in 1961 there were two Scotts here—distinguished by the color of their hair and other characteristics—Donald as well as Edgar. Donald's name we hear every morning over CKEN, when he is mentioned as manager of the Household Finance office in Windsor.

We were very pleased to have a visit from Dr. Howard Ripley on August 23. He and one of his three sons (he has a daughter, too) were on a short motor tour, and as always when he is in the vicinity, "Rip" stopped long enough to look up some old San. friends, such as Pat MacEvoy. "Rip" was one of the lively ones at the San. back in the early 'thirties. In 1935 he had the distinction of being the first thoracoplasty done at the Sanatorium. His wife, the former Edna Bowden, was also a San. patient. They now live in Moncton, where Dr. Ripley is Radiologist at the Moncton City Hospital.

Rod MacLellan, R.R. #2, New Glasgow, sends in his renewal to Steve, and wishes to be remembered to the staff of the West Infirmarv. He was here in 1964.

Mrs. Nora Cheeseman, R.N., our Night Supervisor, heard from Kit MacLean of Glace Bay. She told of a very enjoyable trip to Toronto and a visit with her son and his family. Some of our real Old Timers will recall that that same son was born here while his mother was a Sanatorium patient back in 1939. It makes one realize how time passes to learn that he now has a son of his own! Kit made a second ap-

pearance at the San. in 1963, and many not-so-old Old Timers will remember her then.

An Old Timer who will be remembered by many of our readers who were here during the 'fifties is Frances Carr, Fran was a patient here in 1950 and was later on the staff, being the first person to perform physiotherapy treatments at the Sanatorium. One can see how the Physiotherapy Department has grown from that modest start, now requiring a full-time staff of three to carry out the work. Fran, who has been engaged in her work as Occupational Therapist in Brookline, Mass., for the past number of years, was on a motor trip with her parents to Saint John N.B. and Weymouth, Digby Co. She took her old friend Grace Adams of the Nursing Department office out for dinner and caught up with the San. news. She told Grace that she plans to do field work in Mental Health when she returns to Brookline, and that she still hopes to go back to college for her Master's degree some day.

Pipe Band Concert

On the afternoon of August 17 the Sanatorium was treated to a concert by two combined pipe bands. These were the Pipe Band of the New Glasgow High School and the Kentville Lions Club 507 Squadron Band. The entertainment was arranged through the kindness of Agt. Purchase, who has been instructing at Camp Aldershot this summer. Lieut Baudoux of the New Glasgow High School staff was in attendance.

There is no more stirring sound or sight than that produced by pipes played by bandsmen in splendid Highland costume, for which the lawns of the Sanatorium Infirmaries provided such a fine afternoon setting. We wish to express our sincere thanks to the performers and all those in any way responsible for this greatly enjoyed concert.

The oldest man in the small community, always something of a prude, was addressing the local Boy Scouts. After a long speech about honesty, decency, etc., etc., he said:

"Boys, let me tell you this. I have never taken a drink. I have never smoked a cigarette. I have never gone to bed after 10 p.m. I have never left the table overfull. I have never looked at another woman but my wife. And you know what? Tomorrow I'll celebrate my 88th birthday."

There was a pause, then a voice from the back asked: "How?"

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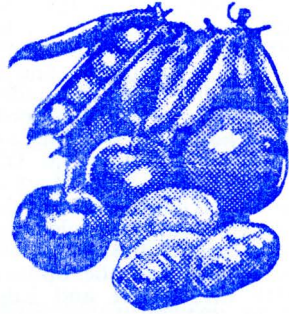
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Do You Send Handcrafts Home?

F. G. Barrett, Director of Rehabilitation, Nova Scotia Sanatorium

Time and again I am asked "What precautions should I take if I am sending this article that I have made home to my family?" Perhaps I will give you a straight answer and perhaps I will beat around the bush. Eventually I will get around to telling you that your doctor is in the best position to give you an answer. Today, however, I discussed with our Canteen manager the question of whether or not articles for sale in the Canteen should go directly from the patients to her, or whether she should only accept articles for sale that are provided by this Department. In questioning her more carefully, I determined that she was anxious to be sure that all articles that she sold had been disinfected in advance.

I discussed this question with the handcraft workers in my Department and then I turned for advice to Dr. Hiltz. "There is no doubt," he said, "that many patients send things home that have not been sterilized. It is also likely true that articles used by many patients do not need to be sterilized. On the other hand, we know that articles handled by persons that have a positive sputum may become contaminated and may carry germs from one person to another." He suggested that our handcraft workers, Mrs. Silver and Mr. Beeler, should tell the patients about the need to have articles disinfected before they are sent home.

I returned to discuss the matter further with Mrs. Silver (Mr. Beeler was enjoying a holiday at this time). She told me that many of the patients know that we have the facilities for disinfecting handcraft articles but that they often find it inconvenient to make use of this service and that they send the articles home "as is". She reminded me that she is particularly concerned about articles that are sent home to children; particularly concerned about those articles that children are apt to put in their mouths, and very particularly concerned about those articles which are made of cloth and are apt to be chewed.

We all agreed that it would be almost impossible to enforce any regulation made with a view to having everything disinfected. We thought it might be enough if we were to tell the patients that the facilities for disinfection exist in the Rehab. Department and are available for use by the patients.

This all started with a discussion of what to do about articles being offered for sale in the Canteen! It was agreed that the Canteen would accept for sale articles which were in plastic bags and carried a tag indicating that they had been germ-treated in the Rehab. Department. Such articles do not have to be given to the Canteen manager by members of this Department. This leaves the individual patient free to make an individual contract with the Canteen.

Poem "I'm Fine!"

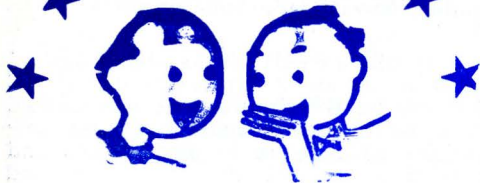
There is nothing the matter with me,
I'm just as healthy as can be;
I have arthritis in both my knees,
And when I talk, I speak with a wheeze;
My pulse is weak and my blood is thin,
But I'm awfully well for the shape I'm in.
I think my liver is out of whack,
And I have a terrible pain in my back;
My hearing is poor and my eyes are dim,
Most everything seems to be out of trim;
The way I stagger is a crime,
I'm likely to fall any old time.
But all things considered, I'm feeling fine.
I have arch supports for both my feet,
Or I wouldn't be able to walk down the street;
My fingers are ugly, stiff at the joints,
My nails are impossible to keep in points;
My complexion is bad due to dry skin,
But I'm awfully well for the shape I'm in.
My dentures are out, I'm restless at night,
And in the morning I'm a dreadful sight;
My memory is failing, my head's in a spin,
I'm practically living on aspirin;
But I'm awfully well for the shape I'm in.
Now, the moral is, as the tale is told,
That for you and me, who are growing old:

It's better to say, "I'm fine," with a grin,
Than to tell everyone the shape you're in!

—Anon.

An office worker who slipped on some spilled coffee and broke his arm, sports a sling on which is pinned the sign: "Coffee break".

Just Jesting



A tribe of cannibals was captured and the head of the tribe announced that he had attended college in the United States.

"Do you mean," he was asked "that you went to college and that you still eat human beings?"

"Sure," replied the chief, "but now I use a knife and fork."

"Did you ever hear a fisherman tell the truth?"

"Yes, I heard one call another a liar."

Our new girl, upon hearing of a man who had smallpox twice and died of it, wanted to know if he died the first or second time.

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Paradise Enow

Widow (at seance): "Is that you, 'Arry?"

Ghost: "Yes."

Widow: "Are you 'appy?"

Ghost: "Very 'appy."

Widow: "'Appier than you was with me?"

Ghost: "Much 'appier."

Widow: "'Eaven must be a beautiful place."

Ghost: "I ain't in 'Eaven."

No Neutral Ground

Recently we attended a formal church wedding. As a young usher led us down the aisle to a seat he asked the usual question, "Are you a friend of the bride or the groom?"

"A friend of both," was the polite reply.

"I'm sorry, sir," the young man said nervously, "but I'm afraid you'll have to choose a side. You see, I haven't any instructions on where to seat neutrals."

Seaside Parents

A little girl's comment on her parents: "Mother's hair is all waves. Daddy's hair is all beach."

There were two kittens watching a tennis game. Said one: "I don't see anything in this game. It bores me stiff."

"Me too," said the other kitten, "but my father's in the racket . . ."

A three-year-old boy was struggling with the back button of his long underwear. Finally he gave up, trotted over to his mother and said: "Mommy, open my bath room door, please."

A mother was concerned about her son's behavior and decided to visit a psychiatrist. After listening to her story, the psychiatrist said: "I don't think you have to be concerned because he makes mud pies."

"Well, I don't think so, either," replied the mother. "It's his wife who's beginning to worry!"

Seven Ages of Women

The infant.

The little girl.

The miss.

The young woman.

The young woman.

The young woman.

The young woman.

A telegram is known for speed,

A radiogram is sooner,

But nothing yet can go as fast

As a TB Hospital Rumor.

Sportsman, admiring the winner: "Say, jockey, you sure upset the race—how did your horse come to win?"

"Well," replied the jockey, "I just kept whispering in his ear, 'Roses are red, violets are blue — horses that lose are made into glue.'"

A 12 year old delivery boy was left alone in the drug store while the pharmacist ran across the street to the bank. The phone rang and the boy picked it up.

"Good afternoon," he said briskly. "Corner drug store."

"Do you have tincture of benzocaine in an aqueous solution?" a woman asked.

"Ma'am," the boy replied helplessly, "when I said 'corner drug store' I told you all I know about the drug business."

The mistress was showing her new maid around the house. As they came to the dining room the mistress said, "This dining table goes back to Louis the Fourteenth."

"That's nothing," replied the new maid, "my whole living room set goes back to Sears the fifteenth."

Told in Pictou County: A Scotsman, an Englishman and an Irishman were invited to a banquet, and each was asked to bring something. The Englishman brought the proverbial roast of beef, the Irishman provided a peck of potatoes, and the Scotsman brought his brother.

—Contributed.

The 70-year old Colonel called his regiment together and after a long speech, finished with, "And now I'm proud to announce that my wife just gave birth to an eight pound boy. Gentlemen, I thank you."

The Sunday School class was composed of three-year-olds. The teacher asked, "Does anyone remember who St. Matthew was?" No answer.

"Well, who was St. Mark?" Still no answer.

"Surely someone knows who Peter was?"

A tiny voice from the back of the room, "I fink he was a wabbit."

Horse Sense

In the Tennessee hills, a character known as "Uncle Zeb" swore he had the smartest horse ever seen by anyone in Tennessee or in the county.

"I was riding him one day in a lonely stretch of the country," he recalled, "when

he suddenly stuck his foot in a hole and stumbled. I fell and busted my hip."

"Don't tell me," scoffed a tourist, "that the horse reset your hipbone."

"No, but he did grab me by the belt, drug me home, then galloped like a whole band of injuns and a troop of cavalry was on his ding-dong tail — seven miles to fetch a doctor."

"That's wonderful," conceded the tourist.

"Not so wonderful," corrected Uncle Zeb. "The darn fool critter brought back a horse doctor!"

The two little old ladies were enjoying the concert in the park. "Isn't that the Minuet from 'Mignon' they're playing now?" asked one.

"It sounds like the Overture from 'La Boheme' to me", said the other.

So the first little lady went over to what she thought was the board announcing the program.

"We're both wrong," she said when she returned to her seat, "It's Refrain from Spitting."

On the first day of school the teacher was explaining to the kindergarten class that if anyone had to go to the wash-room they should hold up two fingers.

The voice of a little girl came from the back of the room: "How's that going to help?"

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Then there was the timid gentleman who preferred blondes because he was afraid of the dark.

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