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DALHOUSIE

NOVA SCOTIA SANATORIUM

VOL. 46

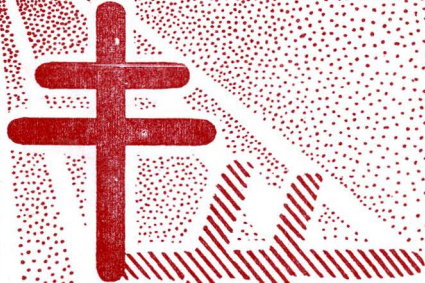
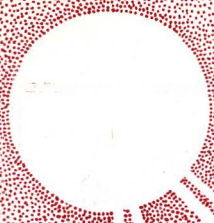
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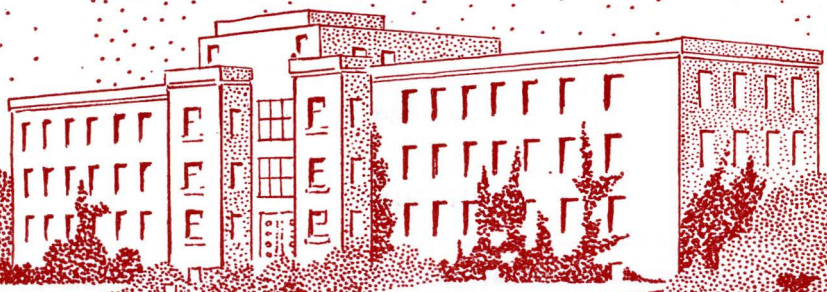
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TABLE OF CONTENTS

	Page
THE SANATORIUM CRACKER BARREL J. E. Hiltz, M.D.	5
HEART DISEASE: THE MODERN EPIDEMIC By Paul Dudley White, M.D.	6
THE GREAT COUGH By Rex Weyman, Venture Magazine	8
JUST REMINISCING Mrs. Florence Dimock, N. S. San.	9
MRS. GLADYS PORTER, M.L.A. Addresses Graduates	11
EDITORIAL COMMENT	12
SAN NEWS	13
CHAPLAIN'S CORNER Rev. J. A. Munroe	15
OLD TIMERS	19
INS AND OUTS	21
JUST JESTING	24

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HEALTH RAYS

A MAGAZINE OF HEALTH AND GOOD CHEER

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VOL. 46

FEBRUARY

No. 2

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.

Medical Superintendent



Our hearty congratulations are extended to the British Columbia Tuberculosis-Christmas seal Society which during the first six months of 1964, undertook to tuberculin test the people of the city of Vancouver and provide x-ray examination for the adults and for the children who had a positive tuberculin reaction.

Altogether, 219,985 persons were examined, 64,407 in the school survey and 154,678 in the community survey. Among the school children there were found nine new active cases of tuberculosis or one active case for each 164 children with a positive tuberculin test. Examination of the contacts of these children led to the discovery of two additional children and two adults with tuberculosis.

In the community survey, 76 new active cases of tuberculosis were found and also 39 cases of previously unknown but inactive tuberculous disease for a total of 115 new cases, both active and inactive.

In addition to the tuberculosis uncovered, there were discovered 24 cases of lung cancer, 54 cases with an undiagnosed lung density, 87 cases of heart disease and 745 persons with fibrosis scarring of the lungs.

The total cost of this six month survey was \$180,448 which works out to 82 cents per person screened; \$1,404.44 per new case of tuberculosis discovered or \$2,027.50 per new active case of tuberculosis found.

Is this expensive? Well hardly, when it is considered what the cost would have been if these new cases had not been discovered and if they had been allowed, therefore, to spread their tuberculosis to many more persons. If a bread winner develops tuberculosis the cost of his treatment period, including social assist-

ance for the family and lost earning power while under treatment, averages in the vicinity of \$12,000 to \$15,000. This really is expensive, especially when it is considered that probably the tragedy need not have happened at all if tuberculosis had been **prevented** instead of waiting for it to develop.

Congratulations again to the people of British Columbia, to those who worked on the project and to those who were examined.

* * * * *

During January we have changed the Third Floor West into our Non Tuberculous Investigation Wing. Its one disadvantage is its distance from Medical Section and the X-ray Department. This is more than offset by its multiplicity of bathrooms, its adequate facilities for the care of sick staff, its lack of crowding, its spacious examining room, its good recreation room and its general outlook to the south over the mighty Cornwallis River. There is another advantage over the old system of floors divided between tuberculous and non tuberculous cases. Our nurses on Third Floor West now follow a single technique in respect to gowns. This is both more economical and more efficient. Changes and alterations in time worn procedures are always trying for the first little while. We trust that everyone will be as patient as possible until the new system becomes established.

* * * * *

Drs. Holden, Quinlan and Schaffner have returned from a very successful meeting of the Royal College of Physicians and Surgeons in Toronto. There is so much new to learn these days that one must "run very hard, indeed, just to stay in the same place", and harder still to keep ahead. In March, Drs. Kloss and Crosson will be attending in Boston the Fifteenth Postgraduate Course on "The

(Continued on page 17)

Heart Disease: The Modern Epidemic

"If we can keep the old folks walking as well as working—half the problems of old age will be solved—medical, social, economic and educational."

By Paul Dudley White, M.D.

Part II

Cardiology as such wasn't called that fifty years ago when I started work. It began really in 1920. We knew quite a lot about infectious diseases but we didn't until the 1920's begin to diagnose coronary thrombosis, this present heart attack, which is due to atherosclerosis (rusting) of the coronary arteries. We began to see cases to recognize in the 1920's. We realized that we were in for it even then, because it began to increase in frequency, and appeared at earlier and earlier ages. We still had of course and still have also, a lot of rheumatic heart disease and congenital defects and high blood pressure.

This specialty of heart disease began in the 1920's, and was developing full blast in the 1930's. We began to organize in the '20's but only among the doctors. We didn't go into public health at all in our societies. We established the American Heart Association in 1924 by combining local associations in New York, Philadelphia, St. Louis, Chicago and Boston. For twenty years it was just a quiet association of doctors interested in cardiovascular disease. We were very excited about the diagnoses which we could begin to make in the 1930's and the 1940's. I would say the 1930's were the decade of diagnoses—we began to diagnose all sorts of things we had never dreamed of before that affected the heart and blood vessels.

In the 1940's stimulated somewhat by the war, although that generally retards us, two important events happened: one was the introduction of the antibiotics, which began to prevent certain kinds of heart disease, and the other was the introduction of cardiovascular surgery which was spectacular.

But my contention is, as a result of what has happened in the 1950's, that it's a pity that we have for so long neglected the prevention of these very things that we have become so skilled in diagnosing and so clever in treating.

PREVENTIVE MEDICINE.

We ought not to have to operate on the heart valves, or to repair the aorta or to

put in a new one, and we ought not to be obliged, as we are now, to be diagnosing, earlier and earlier coronary heart disease. By the time one can diagnose coronary heart disease, due to this atherosclerosis of the coronary arteries, even before angina comes, that is, before the first symptom, even with all the techniques such as Dr. Sones has described in Montreal, one has acquired a high degree of trouble. So, how much more sensible it obviously is to prevent this disease or to delay its occurrence. I am sure we can do it, just as now we control the infections so well.

There is no reason at all why in another decade, we shouldn't have made a considerable control of this atherosclerosis which is killing so many young and middle-aged men today. The male in this part of the world lives a six years shorter life than the female, due to this atherosclerosis. And there are candidates for this disease early in life. We can recognize them from their family history and we can recognize them from a very high serum cholesterol, which can also be a family inheritance. We can recognize them to a certain extent from their body build and from their habits. We should apply to them preventive measures of health as early in life as possible.

BEGIN WITH THE YOUNG.

When I see a patient fifty years old with angina pectoris or a heart attack very much too young, I don't stop with them, I ask about their sons too. What's their state of health? Are they putting on too much weight and have they settled down early in life to an existence of physical indolence, that is, in a car, in front of a television, or at an office desk, without paying any attention to physical activity. We are still animals and we have got to recognize that we are animals and not just all brains yet, and even if we think we are, we must still have a good circulation of blood to our brains to keep them functioning at their best.

THE NEW HEART FOUNDATIONS

Well, in the 1940's quite abruptly, Dr.

Howard Sprague of Boston, a colleague of mine, helped to change the American Heart Association into a Public Health body by enlisting laymen, and this has gone on steadily and fruitfully ever since. For the last twenty years now the American Heart Association has had many laymen as members and active workers in its programs. We want to have that happen all over the world.

It happened some years ago here in Canada and in 1961 a Heart Foundation was established in Australia. I made one night stands all around Australia at the time, and Mr. Menzies and I batted out the drive on Mayday in 1961. They were out for one-and-a-half-million pounds for research and training in the field of heart disease. To their surprise they went a million pounds over the top due to the extraordinary ability of their businessmen. But they were all skeptical about it at first.

The same thing was then started in India. India isn't as poor as we think, although there are of course a lot of poor people there. Some of the Indian doctors used to come to the States to get help economically, that is, financialy, for some of their work, and they still do and should. But some of us began to have Indian patients who were industrial leaders and wanted to help the health of their own country. So we helped to establish an Indian Heart Foundation, too.

This sort of thing is now getting established in many parts of the world. Britain inaugurated this last year a British Heart Foundation and we hope to get them going in France and Italy also. These foundations are loosely related to the International Cardiology Foundation which has just had meetings in each of these places where we have had congresses, that is, in Japan and here in Canada. There will be a meeting in Prague, Czechoslovakia, in August. Even though the Communist countries cannot act in the same way, we are trying to persuade them and their societies to contribute to an international effort and they are beginning to do this, which is very encouraging.

EPIDEMIOLOGICAL RESEARCH

The urgency of the epidemic of atherosclerosis is such that we are now carrying out many studies concerning the particular factors or possible factors behind the disease by having teams doing epidemiological researches in different parts of the world. We met for example in Yugoslavia on the Dalmatian coast last September, a group of us, 51 physicians from twenty-two different

countries representing all the Continents to discuss the problems of heart disease.

This was primarily the Research Committee of the International Society of Cardiology, but it also was arranged for the members of the Committee to observe a team investigation going on there on the Dalmatian coast into the ways of life and details of the findings on physical examination and biochemical tests of 680 fishermen and farmers in several villages on the coast for comparison with farmers further up in the interior of Yugoslavia.

We watched the studies going on and helped with them too. There were 100 per cent of the men aged 40 to 60 years in those villages who were involved in the study. This was the second such examination of these men and it will be repeated at three year intervals. Similar researches are in progress in Finland, in Japan, in the U.S.A., in Africa, in Italy and in Greece.

Information is being gathered as to what factors there are behind this appalling epidemic of atherosclerosis that has hit us so hard, involving specially the coronary arteries because they are smaller and more easily blocked by thrombi (clots), but it involves the aorta, the big artery too where there can be an aneurysm from the disease. It often involves the carotid and vertebral arteries and causes strokes, due to the same disease.

Strokes are not necessarily due to hemorrhage in the brain, but may be due to clots in the carotid arteries, which are half way between the brain and the heart. Thus a stroke is no longer simply a neurological problem. It's really a general medical problem. This disease of atherosclerosis is bringing the specialists together again. We are putting the parts of the body back together again, for this disease involves the leg arteries too, and the kidney (renal) arteries.

It's a fascinating problem for the whole of medicine and for the whole of the world and so our epidemic disease is also helping to bring the world together. There in Makarska we had, as I said, 51 special workers, experts from 22 different countries, not only talking and working together but living together. We all became quite naturally good friends. The first thing we knew special friendships were struck up between communist and non-communist doctors and between a professor from Israel and a professor from Egypt; all this interested me very much and shows what can be done.

(Continued on page 17)

The Great Cough

Not long ago a nurse from the Child Health Clinic of the Indore Hospital in India was talking to the mother of one of the children. Upon inquiring what the baby's name was, she was told it was "Mangi" ("asked"). The mother pointed upwards and said, "I asked for him." So many of the other children had died and this was the only one left.

Health problems are very widespread in India, and tuberculosis is one of the most serious ones. The situation is critical, for well over a million people die from it alone in one year. There are not enough doctors, hospital beds or sanatoria, and it is difficult to reach people in the more remote areas with adequate medical service.

But the greatest difficulty to be faced by doctors and medical missionaries in India is the attitude of the people themselves, for through ignorance and fear of disease, they are ashamed to admit that they may be suffering from tuberculosis. And because they refuse to come forward for treatment, even though it is free, they die by the hundreds of thousands. All their lives they are plagued by the "dotta kemmu"—"the great cough."

There are many understandable reasons for their reluctance. Because village life is conservative and closely-knit, it is hard to persuade the people to look ahead to easier times in the future. If it is known that a peasant has "the great cough," his daughters have very great difficulty in finding husbands, or if they do, the dowry is two or three times greater than usual. His sons, on the other hand, must be content to accept wives with no dowry. This strikes deep at the age-old economic system of Indian rural life.

Thus the problem is not only a medical one but a social one. The doctors must overcome the worries of family men who are concerned about feeding their wives and children if they are in hospital, the insecurity of families whose children are away from home, and the superstitious fears of medicine and modern treatment.

Doctors and medical missionaries are putting forth an earnest effort to attack the scourge of tuberculosis, and slowly but surely they are overcoming the people's resistance to treatment. They travel from village to village talking to the local councils of elders. Much information can be gained also by questioning the people themselves. The first stage of a Tb. campaign is house-to-house visits to get an exact record of each of the patients

with full details of their living conditions and the history of their disease. Two people do this: one who talks to the patients, and another, taking notes, who stands apart to put them more at their ease. The answers to the questions are carefully recorded and analyzed so that more successful approaches can be made.

Even here the workers strike difficulties, because India is a mobile country, and much of the population is continually shifting.

Although progress is very slow and the problem gigantic, it is encouraging that the Indian people who need help so badly, are gradually admitting their sickness and are responding to the treatment which doctors are trying to give them. Their lack of interest and resistance is due only to ignorance of the danger of disease. Once they are taught the importance of prompt medical treatment, they realize their needs, and the needs of their community, and are willing to accept suggestions for their solution. But first they must be convinced that the taking of drugs must go on for a long time if they want to be completely rid of their disease.

Many kinds of treatment for tuberculosis are used today—vaccinations for its prevention, and clinics, home treatment, provision of beds and training, and rehabilitation centres for its cure. These are all based on a program of the national government to help control the disease.

But who is it who puts all this planning into action? Mr O'Brien of the Ontario Tuberculosis Association, who toured Asian developing countries in 1962, affirms that it is the well-organized associations of volunteers which hold the key to a successful onslaught on the problem. However, many more helpers are still needed in the struggle against tuberculosis, but not all of us can offer ourselves for voluntary overseas work. What can we personally do to assist the doctors and missionaries there?

The most effective way in which we can help is by buying Tb. seals when they appear for sale every Christmas, and by reminding our friends to do so also.

-Rex Weyman
Venture Magazine.

As a rule man is a fool,
When it's hot he wants it cool,
When it's cool he wants it hot,
Always wanting what is not.

Anonymous

JUST REMINISCING
Mrs. Florence Dimock
Nova Scotia Sanatorium

Some people think it is unwise to look back, others say it is a sign of old age. Nevertheless I enjoy sometimes just lying in bed here at the Sanatorium and allowing myself to re-live some of the bygone years—sometimes referred to as “the good old days”—they were challenging days anyway.

In 1916 I was a graduate nurse on the staff of the Leonard Morse Hospital Natick, Mass. One day a friend, Miss Jessie Woodworth, R.N., and I heard of the work being done in Northern Newfoundland and Labrador by Dr. Wilfred Grenfell. We became interested and applied for work in the hospital at St. Anthony, Newfoundland. It was at St. Anthony that Dr. and Mrs. Grenfell made their home during the spring, summer and fall. Our applications were accepted. So with light hearts and full of adventure we headed for Nova Scotia and a short visit at our homes before going on to our new work.

We crossed from North Sydney to Port Aux Basque. Took the train from there to St. John's. Here we were met at the station and taken to the Seaman's Institute, which belonged to the Grenfell Mission. The second floor of the building was reserved for women. So we were on the last lap of our journey to St. Anthony. From here we went up the coast on the steamer “Prospero” to the hospital.

Dr. Grenfell travelled by boat up and down this coast and on to Battle Harbour with medical supplies, food and clothing for the needy. On Sundays he held religious services in the waiting room at the Mission and I was often his organist at these Sunday meetings.

During the winter months Dr. Grenfell toured the United States and Canada lecturing to raise money for his work. Back at the mission the resident doctor visited the sick by dog team. In this sparsely settled area he often had long distances to go and it took courage and fortitude.

The employees at the Mission came from all along the coast, some of economic necessity; others, perhaps, through illness and medical need and some by the chance of birth. Whatever the fortunes of fate which brought them under Dr. Grenfell's abiding influence, it is one of the most interesting aspects of the Mission—how simple, humble and illiterate people could learn to read and write and express themselves, to master a craft and give of their substance so unselfishly in a noble cause.

Theirs was a meager existence in the days of the survival of the fittest. Opportunities were few, education almost unknown and money scarce. Lack of the amenities of life must have brought out the best in them. Everyone was on the same level. Yet, somehow, despite all the handicaps, it was possible for the enterprising and ambitious to improve their lot. Dr. Grenfell soon recognized the inherent qualities of honesty, unselfishness and creative ability in the most humble fisherman. They in turn displayed a remarkable and enduring faith in their beloved “Doctor” Grenfell and his Mission.

Dr. Grenfell was knighted in 1927 by King George V and he became known as Sir Wilfred Grenfell.

STATEMENT ON CIGARETTE SMOKING
AND HEALTH

Approved by the National Tuberculosis Association Board of Directors.

The National Tuberculosis Association warns all persons that:

- there is an alarming increase in deaths from lung cancer
- cigarette smoking is a major cause of lung cancer
- the risk of lung cancer increases with the number of cigarettes smoked

Giving up smoking reduces the risk of lung cancer.

Recent studies show that cigarette smoking is a factor in such crippling lung diseases as chronic bronchitis and emphysema.

There is no single cause for all lung cancers. Breathing polluted city air may also add to the risk of lung cancer.

No present method of treating tobacco or filtering the smoke has been proved to reduce the harmful effects of cigarette smoking; up to now, these harmful effects can be avoided only by NOT smoking cigarettes.

All persons should be given these facts. Parents, teachers and physicians have a special opportunity and duty to warn our youth of these facts before the cigarette smoking habit has become established.

—Itam

A friend and I escorted her three-year-old daughter to a new pediatrician telling her to do as the doctor asked and not to cry. Without warning Cheryl, the doctor gave her a vitamin injection in the hip. She fought back the tears bravely, but as the doctor was leaving the room, he heard her say plaintively, “Oh, Mommy, I think that man BIT me.”



1st Row: Left to right. Miss Patricia MacDonald, Miss Jeanne Maillet, Miss Diane Murphy, Miss Barbara Martin, Miss Carol Roberts, Miss Marilyn Height.

2nd Row: Mr. R. E. MacKenzie, R.N., Miss Marlene Long, Miss Delores Henry, Miss Juliana Toussaint, Miss Margaret Bowman, Miss Cheryl Boutilier, Dr. J. E. Hiltz, Mrs. Hope Mack, R.N.

Back Row: Miss Anne Morash, Miss Sharon Dunn, Miss Judith Sarsfield, Miss Gerri Voerman, Miss Judith Barkhouse, Mrs. Wilda Marcotte, Miss Cecile d'Entremont.

MRS. GLADYS PORTER, M.L.A.
ADDRESSES GRADUATES

Graduation Exercises were held on the evening of January 27 in Miller Hall, for eighteen Student Nursing Assistants. The Processional was played by Miss Chloris Mahar, of the Secretarial staff, Nova Scotia Sanatorium. Rev Thomas LeBlanc gave the invocation.

Mrs. Hope M. Mack, Director of Nursing addressed the class briefly and read greetings from Dr., C. J. W. Beckwith, Executive Secretary Nova Scotia Medical Society, Halifax and Chairman of the Board of Registration of Nursing Assistants, and Miss Leonora Spencer, one of our Instructors, now retired and visiting in Texas.

Dr. J. E. Hiltz, M.D., Medical Superintendent, Nova Scotia Sanatorium presented the graduates with their diplomas and School Pins were awarded by Miss Madeline Spence, R.N., the students themselves being presented by Mr. Robert E. MacKenzie, R.N., Director of Nursing Education.

Mrs. Gladys Porter, M.L.A., addressed the Graduating Class. She congratulated them and commended them on their courage and initiative in completing their training, mentioning that so many young people in grade school and early high school turn their backs on education and go out into the working world, only to find themselves at a disadvantage and sorry in later years. She quoted "education in its broadest sense is the foundation of the nation." She told the new Nursing Assistants that two of the most important qualities they could possess are COURAGE and KINDNESS. They should show kindness in another's troubles and courage in their own. When on duty, she told them that the patient is their chief concern and the most important person in the hospital. She expressed the feeling of satisfaction that they must have when walking through a quiet hospital corridor, to know that they have helped to restore some person back to health.

Dr. Hiltz in his closing remarks extended congratulations to the class from the Honourable R. A. Donahoe, Minister of Public Health for Nova Scotia.

Following the exercises, a reception was held for the graduates and their friends.

"How old did you say you were?" asked the doctor of his female patient. "I never mention my age," replied the patient, "but as a matter of fact, I've just reached 21."

"Indeed," said the doctor. "What detained you?"

GRADUATING CLASS 1965

Barkhouse, Judith Ann, Port Williams, N.S.

Boutilier, Olive Cheryl, Glace Bay, N.S.

Bowman, Margaret Anne, Monastery, N.S.

d'Entremont, Cecile Marie, Meteghan, N.S.

Dunn, Sharon Jean, Bear River, N.S.

Height, Marilyn Lorraine, Smith Cove, N.S.

Henry, Delores Catherine, New Water-

ford, N.S.

Long, Marlene Mary, North Sydney, N.S.

MacDonald, Patricia Anne Marie, Mon-

astery, N.S.

Maillet, Jeanne Eva Marie, Mavillette, N.S.

Marcotte, Wilda Ethel, Malagash, N.S.

Martin, Barbara Jean, Springhill, N.S.

Morash, Anne Louise, Scotch Village, N.S.

Murphy, Diane Elizabeth, Florence, N.S.

Roberts, Carole Ann, Carleton, N.S.

Sarsfield, Judith Marie, Bridgetown, N.S.

Toussaint, Juliana Irene, Sydney, N.S.

Voerman, Gerri Jacoba, Beddeck, N.S.

Fingerprints May Offer Clue to Mental Illness Patients suffering schizophrenia were found to have an incidence of unusual fingerprints in a study reported today. These findings support the theory that a genetic, or inherited deficiency, results in a vulnerability to a variety of disorders and abnormalities. Fingerprints develop during the third and fourth months of pregnancy, and abnormal fingerprints have been linked to such congenital conditions as epilepsy and mongolism. The comparison revealed that among patients there was an increased incidence of whorls, lines that take almost complete circles, and arches, lines that rise to a peak, particularly the sharper peaks. At the same time, the patients had fewer ulnar loops, i.e., lines forming ovals, than the normal population group. A striking difference was the high incidence of short, broken lines in the center of whorls among the patients which contrasted with the orderly concentric circles among the normal population. This "ridge dissociation" found frequently among patients apparently is rare in the general population. These findings raise the possibility of detecting vulnerability to various abnormalities and disorders and warrant more intensive investigation.

—The Valley Echo.

Bishop Fulton J. Sheen was greeted by a burst of applause when he made his appearance as a speaker at a meeting in Minneapolis. He responded by saying: "Applause before a speaker begins is an act of faith. Applause during the speech is an act of hope. Applause after he has concluded is an act of charity."

HEALTH RAYS

VOL. 46

FEBRUARY

No. 2

STAFF

Managing Editor May Smith
Business Manager John Akin
Subscription Manager Steve E. Mullen

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

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EDITORIAL COMMENT

Some of us oldsters who went to school a long time ago may recall how we looked forward to Graduation Day and the closing of our text books. Our studies completed and from there on relaxation for our tired minds. How very different it is today as we realize that we must keep on learning, regardless of our age, as long as we live.

To keep in step with this trend and with the hope of learning something new we enrolled in the Conversational French class which was started at the Sanatorium in September. We met once a week and our teacher, Mrs. MacAdoo, endeavoured to drill us in the rudiments of everyday French conversation. After ten weeks I still feel somewhat retarded when it comes to learning the language. At coffee break and at the dinner table I listen with awe to some of our staff who seem to be able to converse quite fluently, I recognize very few words. I was beginning to feel rather discouraged when I recalled an article written by the famous author, Clarence Day. In this article he related some of his difficulties in learning the French language, and we quote:

"After the war I wished to become more fluent in French, so I took fourteen lessons in conversation. I felt that if I worked diligently I should, at the age of eighty-five be able to inquire my way to the post-office. Then my teacher went to France.

Undaunted I decided to hunt down French people and make them talk to me. I became intensely interested in their welfare. I formed the habit of introducing visiting Frenchmen to French-speaking Americans, and sitting with open mouth, while they conversed. Then I met M. Bernou, a Commissioner who was over

here buying guns, and whose English and my French were so much alike that we decided to exchange them. We met daily for two weeks and took an hours walk; each tearing at the others language. Our conversation must have run about like this:

'It calls to walk,' he said smiling brilliantly.

'It is good morning', I would say, 'better than I had extended'.

'I was at you yesterday ze morning, but I deed not find.'

'I was obliged to leap early,' I said, and I was busy standing up straight all around the forenoon.'

'The book I prayed you send, he came, and I thank, but positively are you not deranged?'

'Don't talk', I said. 'Never talk again. It was really nothing anywhere. I had been very happy, I reassure.'

'Pardon, I glide, I glode. There was the hide of a banane. Did I crash you?' 'I noticed no insults,' I replied. 'You merely gnawed my arm.' Gestures and smiles of perfect understanding."

However, Clarence Day studied the following year with a French Priest, and he did not say if he ever became a good conversationalist or not. We do not have the potential of the famous author but the classes are fun and someday we hope to be able to pass the time of day in French.

Music is well said to be the speech of angels.

—Carlyle

Man is the only creature endowed with the power of laughter.

Greville.

San News

NEWS OF THE NURSING STAFF

Graduation Exercises were held on January 27, in Miller Hall, for the Nursing Assistants who had completed a year in our School for Nursing Assistants. Five of the graduates are joining our staff. We extend congratulations to all the graduates and a warm welcome to Miss Cecile d'Entremont, Miss Sharon Dunn, Mrs. Wilda Marcotte, Miss Ann Morash and Miss Judy Barkhouse our new staff members.

Congratulations are extended to Mr. and Mrs. Alec (Shirley) Clerk on the birth of a daughter January 22.

Miss Florence Harris is away on sick leave, and will undergo a tonsillectomy.

Miss Cecilia Pascoe, R.N. and Miss Jean Dobson, R.N., attended the Institute on Disaster Nursing in Halifax January 13 and 14.

It was with regret that we said goodbye to Mrs. Flora Brothers, R.N.; she and her family are returning to New Jersey.

Mrs. Annabelle Fox, R.N., is back with us on relief duty.

Miss Juliette Dugas, C.N.A., has resigned and is joining the staff of the Digby Hospital.

Miss Leonaora Spencer, R.N., recently retired, is spending the remainder of the winter with relatives in Texas.

Miss Yu Chu Tseng has completed the Post Graduate Course and has joined our nursing staff.

Mrs. Lyn Lewis, R.N., graduate of the Nightingale School of Nursing, Toronto; and Mrs. Norman Hounsell, a graduate of the Victoria General Hospital, Halifax, have joined the staff of the Teaching Department.

PATIENTS' PARTY

The evening of January 12 left much to be desired as a night for a party, with snow falling so thick one could hardly see, a high wind piling it up in banks and so cold! What about our patients' party we wondered? . . .

Inside it was cozy and warm with the patients paying little attention to the weather outside. Would our sponsors get here was the question?

However, at about 7:15 our gracious hosts the Father Holden Council of the Knights of Columbus arrived, undaunted and in a real party mood. The gentlemen were introduced and thanked by Mrs. Mary MacKinnon, and Mr. Robert Kovachik, Convener, assisted by Mr. Victor Cleyle, Grand Knight; Mr. Hibbert Stokes, Mr. Hubert D'Eon; Mr. Ernest Melanson; Mr. Arthur Melanson, and Mr. Jim Cochran got the party rolling.

There were twelve tables of games in play including 45's, Crokinole, Checkers, Bridge, Chinese Checkers, Monopoly and Cribbage. Prizes were distributed by Mr. Victor Cleyle, assisted by Mr. Robert Kovachik and won by the following:

45's: Mr. Earl MacIsaac, Mr. Cecil Dares, Mrs. Frances Manuel, Mrs. Mildred Fancy.

Cribbage: Mr. Alex Allen, Mr. Paul Beals, Mr. Noel Stevens.

Bridge: Mr. Gerald Livingstone, Mr. Cleremont Jones, Mr. Daniel Tufts, Mrs. Anna Shot, Miss Mary Frances King.

Crokinole: Miss Marita Wellwood, Mrs. Florence Dimock, Mrs. Daisy Mullen, Mrs. June Wegger.

Checkers: Mrs. Norva Oliver, Miss Catherine MacVicar, Mr. Perry Kelly, Mr. Franklin d'Entremont.

(Continued on page 21)

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Chaplain's Corner

Rev. J. A. Munroe

"The Pharisees and Scribes murmured, saying, This man receiveth sinners and eateth with them. And He spake this parable unto them"

With these words St. Luke, in the 15th chapter of his Gospel, introduces the parable of the Lost Sheep "What man of you having an hundred sheep, if he lose one of them, doth not leave the ninety and nine in the wilderness, and go after that which is lost until he find it?" The parable illustrates God's great loving concern for the lost.

It is one of a series of parables, Immediately after the parable of the Lost Sheep comes the parable of the Lost Coin. "What woman having ten pieces of silver, if she lose one piece, doth not light a candle, and sweep the house, and seek diligently until she find it." And immediately after this parable, St. Luke records the parable of the Lost Son or Prodigal Son. "A certain man had two sons, and the younger of them said to his father, 'Father, give me the portion of goods that falleth to me.'" The son, we are told, took his money, went into another country, and wasted it, on what is described as "riotous living." Finally, when he was completely destitute, of his own free will he returned home to his father and there received a warm welcome.

The sheep may be lost, Christ says, but it is still a member of the flock. It still belongs to God, so it must be sought, helped and supported. The piece of silver may be lost, but it still retains its value. So the candle is lit and the house searched until it is found. So too, the strayed sinner, however much separated from God, is still His creature, loved and valued by Him.

These three stories all tell the same truth, that every soul is precious in the sight of God. But there is a special point to the third story—the Lost Son. The first two stories concern objects—the sheep and the coin—which are not able to think. But the third concerns a human being. If a sheep or coin is lost it can do nothing about it by itself, it must be found. But if a person is lost he can do something about it. Even a child can show distress and so receive assistance.

Our Lord underlined this point. The shepherd sought the lost sheep, the woman sought the lost coin; but the

father waited for his son's return. The moment he appeared in sight he ran to meet him—but he did not go out and rescue him. He had to return of his own free will.

God's concern for the lost is tempered with some restraint. He does not compel us to do what is right. He does not stop us when we fall away; he does not drive us back again. To do either would be to take away our freedom of action and decision—it would crush our personalities. The sheep and coin were lost by accident. But the son deliberately made his choice to return.

But God does not, like the father in the parable, stay at home waiting. He walks beside His lost children, never compelling them to do the right, but always ready to encourage and help them to do so. So great is His loving concern that He sent His own Son, Jesus Christ, to seek and save His lost children.

From these three parables we learn the value in God's eyes of each human soul and the love of God which seek it.

Property is the fruit of labor; property is desirable; is a positive good in the world. That some should be rich shows that others may become rich, and, hence, is just encouragement to industry and enterprise. Let not him who is houseless pull down the house of another, but let him labor diligently and build one for himself, thus, by example, assuring that his own shall lie safe from violence when built.

—Abraham Lincoln.

MY KIND OF SNOW

How perfect when the snowflakes,
Descending over all,
Turn daintly to nothing,
Deciding not to fall.

Now share your good in fullest measure,
For what you give away
One day will be the only treasure,
That never shall decay.

—Sister Benediction.

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* * * * *

Congratulations to our eighteen Student Nursing Assistants who satisfactorily completed their course and were duly presented with certificates and pins at the Commencement Exercises in Miller Hall, Wednesday evening, January 27. This is only about two thirds of the number who started the course a year ago. It is no small accomplishment that they have effected and we are proud to claim them as "our" Nursing Assistants.

HEART DISEASE (Con't)

I have given you just one illustration of the opportunities that we as cardiologists have. Cardiology as a specialty has a little advantage over other fields of medicine at the moment, because leading citizens of all prosperous countries who make the world go round are the ones the very ones, who are prone to heart attacks.

THE CLUES WE SEEK

The major problem of male longevity today is its restriction by atherosclerosis which is responsible for the differential of age at death between male and the female. We must identify the clues in order clearly to advise the young, especially the candidates, as to how best to plan their lives. Probably we have got to start even in their primary and grammar school ages. It's probable that our babies are too fat and our teenagers too robust although they may look well on the outside. Whenever I see a very robust man, a so-called "picture of health," red face, and about 45 years old, I wonder what his coronary arteries look like.

HEREDITY

Now what are these factors which we are studying? Heredity is one. I am quite sure that heredity enters in but very few genetic researches have been made yet. We must make more and more studies in heredity. We need a lot of experts in this field, real experts who are going to be more than family doctors, although the latter have an important opportunity because they are closest to their patients. They know what diseases members of the family may have.

We must have everyone working on heredity, and as I have already said environment must enter in too. Even so called heredity isn't always heredity as it may seem. A baby may be born with a defective heart which can be genetic in origin, an abnormality of the chromosomes, and genes, but it also may be due to some medicine that the mother took during pregnancy; such as thalidomide, or to german measles during the first three months; thus we know now that so called congenital defects may be really foetal defects, not actually inherited but superimposed. Hence it's a complicated business, this study of congenital defects, but it's very very important, and really the least solved of all problems of heart disease.

DIET

Then we have the matter of diet. It's obvious that everybody is reading about different kinds of diet which are being advised, even a very fat diet. If you live mostly on fat you will probably get along quite well because you can eat only so much fat.

We became acquainted with Stefanson the explorer, who advised an 80 per cent fat diet, following the pure Eskimo custom. He came to our house once, for dinner. We had a drink first and some bacon which was almost raw.

(Continued on page 23)

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Old Timers

With January, real winter hit us again, after a mild and muddy Christmas season. So with snow banks all around, and more of same promised, we're glad to have cheerful news to record of many Old Timers. In winter Anne Marie does not see quite so many of them in for check-ups and visits, but she always comes up with some items gathered from here and there.

First of all we must redeem a promise to acknowledge some greetings received at Christmas. Many of the cards received from Old Timers have just the greetings and good wishes on them, and certainly we are happy to see them as it lets us know we are still remembered by old friends. Others have bits of news added to the greetings, and it is always interesting to hear how things are going. Dorothy Cranidge even enclosed a snap, to show us her fine family. The letter that accompanied it said, in part: "I just felt I had to write you a short note. I has been almost 10 years now since I've been at the San. And I feel I owe all my happy life and my two wonderful children to the very good and kind and skillful care I had while at the Sanatorium. I was there for almost a year and a half, but do not

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regret one day of my time spent there, or feel it was wasted. I met a lot of wonderful people while up there and that in itself was a wonderful experience . . . I am enclosing a picture of my two children so you can see how big they are. My girl is 7 and the boy 3."

We were very interested to hear from Rose Sangster, who with her four children, Pearl, Bethel, Tracy and April, left the San. last Fall for the long journey to Hay River, North-West Territories, where her husband is employed. They made the trip successfully, and since then the family has been increased by the arrival of Rosanne. Our congratulations to this valiant family.

A letter from New York tells us that Jane Hsu, one of our nurses from Formosa, is there. She tells us she is studying at New York University and working at New York Infirmary, and she says she has been very busy.

Matilda Burke sends greetings from her home in Cannes, Richmond County, signing herself "a patient of fifty-five and six". She says she is getting along fine and wants to thank everyone for all they did for her while she was at the San. The usual welcome greetings came from Robbie Metcalfe. Robbie, who was here around 1950, and was editor of **Health Rays** during her San. stay, has been forced to take time out from her very absorbing work in Mental Health due to ill health. All your many friends at the San. wish you as speedy a return to health as is possible, Robbie.

Mary Boudreau Doucette of the San. switchboard heard from an old friend far away. Betty McGee writes from Inverness, Scotland, that she is well and working in a canteen there. Her daughter, Chee-Chee, also works there in an office. And Peggy MacEachern, another of our switchboard gals, heard from Annette Zwicker. She and husband Charlie met here in 1945, and they now live in Dorchester, where Charlie is on the staff of the Dorchester Penitentiary. Both are very well.

Anne Marie heard from Edith McSween, a 1947 patient, who gave news of herself and other Old Timers she sees from time to time. Edie is still working on switchboard at the Children's Hospital in Halifax, and keeps well. She reports seeing Rose Marie MacDonald, now Mrs. Giles, who was here in 1949. She also ran into Marion McCarthy, San. 1946, now Mrs. Gallagher, taking her little girl to school. And she sees another Old Timer of the same vintage, Lorraine Murphy, now a stenographer at the Victoria General Hospital, who was "looking very smart".

Nellie Stronach, Kingston, Kings County, who was here in 1951, came for a check-up, and we are told she looked very well. She made the trip to the San. with Mrs. Hazel Weir, who went home from the San. last year. She came to do a bit of visiting with old friends. And we are glad to hear that Anne Bower, now Mrs. Gordon Hogg, Baccaro, Shelburne County, is up and around again after a long illness. She was here in 1946.

Of course Marguerite MacLeod heard from a number of Old Timer friends, and kindly passed along some news of them. Mrs. Ada Church is well, and she is very proud of her son Peter, who was born during her stay at the Sanatorium in 1963. From as far away as Sweden came greet-

(Continued on page 26)

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Discharges N.S. Sanatorium Dec. 16/64 to Jan. 15/65

Laurie A. MacKenzie, R.R. 2, Upper Stewiacke, Col. Co., N.S.; John S. Vaughan, 3 DeEll Road, Kentville, N.S.; Diane M. MacEachern, 190 Cornwallis St., Kentville, N.S.; Mrs. Laura E. MacEachern, 190 Cornwallis St., Kentville, N.S.; Mary Shirley Boudreau, Petit de Grat, Rich. Co., N.S.; Joseph M. Jones, West Cook's Cove, Guys. Co., N.S.; Clarence M. Fraser, 503 High St., New Glasgow, N.S.; Mrs. Ruby E. Falkenham, Laconia, Lunenburg Co., N.S.; Richard I. Pauls, Seabright, Halifax Co., N.S.; John L. Amiro, Lower East

Pubnico, Yar. Co., N.S.; Meril Dean Eddy, Eastern Passage, Halifax Co., N.S.; Clyde R. Robichaud, 305 Main St., Yarmouth, N.S.; Vincent T. Simms, 14 Forrester St., Halifax, N.S.; Aubrey S. Messom, 38 Woodworth Road, Kentville, N.S.; Mrs. Norma B. Boyd, Greenwood, Kings Co., N.S.; Ivan C. Pauls, Seabright, Halifax Co., N.S.; Lorne B. Mosher, Lockhartville, Kings Co., N.S.; Vel Bozhoff, 2449 Windsor St., Halifax, N.S.; Stephen Bernard, Nyanza, Victoria Co., N.S.; John A. Doyle, East Lawrencetown, Halifax Co., N.S.; Mrs. Myrtle F. Hazel, Scotch Village, Hants Co., N.S.; Edison F. Brown, Waverley Road, Halifax Co., N.S.; Roland L. MacMurtery, Margaretsville, Anna. Co., N.S.

PATIENTS' PARTY (Con't)

Chinese Checkers: Mrs. Norva Oliver, Miss Catherine MacVicar.

Prizes for Lucky Draw: Miss Lottie Brittain, Mr. John Haight, Mr. Eldridge Ramey, Miss Patricia England, Mrs. Anna Shot, Mrs. Florence Dimock, Miss Mary Frances King, Mr. Noel Stevens.

The Door Prize, an electric clock was won by Mr. John d'Entremont.

Paul Beals extended thanks to our hosts, on behalf of the patients for a most enjoyable evening. Lunch was served by the dietary department.

IF YOU PLE-EEZ

Not long ago a New York City judge wrote a letter to the New York Times claiming that in his seventeen years on the bench he had never had a Chinese teenager brought before him.

When P. H. Chang, Chinese consul-general in New York was asked to comment he said, "I will tell you why I think this is so. Filial piety is a cardinal virtue my people have brought over from the China that was free.

"A Chinese child, no matter where he lives, is brought up to recognize that he must not shame his parents. Before a Chinese child makes a move, he stops to think what the reaction of his parents will be. Will they be proud, or will they be ashamed? Above all other things, the Chinese teenager is anxious to please his parents."

Do we Americans need any more proof than this record of the Chinese to convince us that the cure for juvenile delinquency will be found in the home—and in no other place.

—SoCaSan Piper

Wife to husband as tailor measures his waist: "It's quite amazing when you realize that a Douglas fir with that girth would be 90 feet tall."

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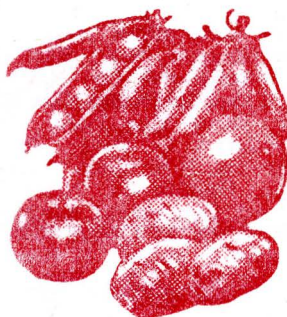
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HEART DISEASE (Con't)

He loved it, and had a fair amount of it with his drink.

Then we went in to dinner, there was a special dish which we had prepared for him at the Parker House in Boston, one of beef bone marrow, the most delicious of all fats I suppose. We presented him with this. He took off the cover, looked at it, and groaned: He said "Why didn't you tell me?"

He wanted to eat it but he had eaten so much fat already that he couldn't. In other words, he was satiated after a certain amount of fat. You probably can lose weight on just a fat diet. And so we have much to study about diets and about carbohydrates and protein as well as fat. We haven't got the answer yet. At the present time it does look as if the rich animal fats were more likely to cause trouble than other kinds of food.

In Calcutta, India, for example, I saw a young man, 29 years old with coronary thrombosis. This disease isn't common in India, but it all depends on what Indians we are talking about. I asked him about his diet. He said that he was a vegetarian but when I went into details about his vegetarian diet I found that he poured ghee, which is the rich butter fat from the water buffalo, over all the vegetables; thus there was a very high content of animal fat in the vegetarian diet of his which was not of course a strictly vegetarian diet. He was the son of a wealthy merchant and never took any exercise because it was too hot and he rode around in his father's air conditioned Cadillac. Now he's a prosperous Indian you see, who did have coronary thrombosis at the age of 29, but the peasants don't have it much.

Our American country folk are now getting so much mechanized help that even the farmers don't have as much use of their muscles as they used to.

EXERCISE

We have got in some way to maintain the combination of vigorous use of our muscles and a common sense diet, avoiding any gain in weight after the age of 23 or 24 and throughout life. I am advising young men, the sons of my patients with coronary heart disease to maintain vigorous physical exercise all through life, never stopping.

Last Saturday to help present ourselves as an important example, some 75 of us, of all ages, rode bicycles some eleven or twelve miles around the Charles River Basin. We had no acci-

dents fortunately. We did this to try to stimulate our authorities to establish safe paths for walking as well as bicycling.

In our countryside, and in the suburbs, you will find no sidewalks any more. It's dangerous to walk as well as to cycle. This is very very bad. I hope that those of you here will try to stir up interest in making it again safe, especially for old folks, to walk since this may be the only exercise left for them. This is a very important way of helping old people.

If you can keep old folks walking, as well as working, half of the problems of old age will be solved, medical, social, economic and educational. Keep the old folks working in some way; it may not be the same job; change the jobs if necessary, but there is always something to do even if there is little pay for it. It's something to keep one busy and the old man will forget half of his miseries. He should keep on walking too, but he must walk safely.

STRESS AND TOBACCO

Then we come to other factors that are being studied such as stress. I have spoken of the problem of workmen's compensation. Most of us who have dealt with this problem of workmen's compensation for heart attacks think that it should be removed from litigation in the courts and put where it belongs under "health." That is, this is a matter of several factors of health, not including work.

To be sure, stress at a particular time, a certain stress, physical or emotional, may precipitate trouble in a person who already has much disease of his arteries. But you don't get sudden death from stress in a person who hasn't got coronary heart disease already.

Immediate death, instantaneous death, is always "coronary." I've heard of only one exception in 2,000 cases that were carefully studied. It's possible to have a very rare change in rhythm of the heart which may come on emotionally but that's rare. The great majority of people already have the coronary heart disease although they may not know it. They run for a train and they drop dead, or they shovel snow and drop dead, but if they had always been physically active and had shovelled snow every year they wouldn't drop dead. So I've kept shovelling snow.

But we haven't got through with stress entirely. It may be that stress does increase the serum cholesterol and that may, on occasion, add to this coronary ath-

(Continued on page 25)



The lion was stalking through the jungle looking for trouble. He grabbed a passing tiger and asked, "Who is king of the jungle?"

"You are, O mighty lion," replied the tiger.

The lion then grabbed a bear and asked, "Who is boss of the jungle?"

"You are, O mighty lion," Replied the bear.

Next the lion met an elephant and asked, "Who is boss of the jungle?"

The elephant grabbed him with his trunk, whirled him around, and threw him against a tree, leaving the lion weak and injured. The lion got up feebly and said, "Just because you don't know the answer is no reason for you to get so rough."

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LIMITED

A Virus is what people get that can't spell pneumonia.

He who hesitates will need a good alibi when he reaches home.

When a woman has no horse sense she may turn out to be a nag.

Driving a car when drunk is almost as dangerous as crossing a street while sober.

What he has is no more use to the miser than what he has not.

It is better to have a right destroyed than to abandon it because of fear.

The future always holds something for the man who keeps his faith in it.

You have found wealth when you have found enjoyment in unbought pleasures.

Simpson: "When does an Irish potato change its nationality?"

Johnson: "When it's French fried."

Men so like to be talked about that a discussion of their faults delight them.

I love to see her laugh, so much of her has a good time.

The average girl would rather have beauty than brains, because she knows the average man can see better than he can think.

"How, is your wife?" asked a man of a friend he hadn't seen in years.

"She's in heaven," replied the friend.

"Oh," blurted the man, "I'm so sorry." Realizing that didn't sound quite right, he amended it. "I mean, I'm glad." That sounded even worse. Finally he came out with, "Well, I am surprised!"

It's sweet to be remembered, but it's often cheaper to be forgotten.

To profit from good advice requires more wisdom than to give it.

"You can never talk to that patient," said the nurse to the doctor as they left a room on the women's ward, "without her giving you a full recital of all her ailments."

"Yes," replied the doctor, "you might almost call it an organ recital."

A man is as young as he feels after trying to prove it.

It seems the minister was surprised one night by a call from the sickbed of a woman he knew to be active in a nearby church. While removing his hat and coat he affably commented to the woman's daughter, "Well, I'm glad I was called to help your mother. Is your own minister out of town?"

"Oh, No," replied the little girl, "but mommy was afraid she might have something contagious."

TECHNIQUE

The college student had just delivered a telegram. The man at the door asked, "What's the usual tip for delivery?"

"Well," the youth replied, "this is my first trip here, but the other fellows tell me if I get a dime out of you I'm doing well."

"Is that so?" snorted the man, and handed over a dollar.

"Thanks," said the messenger. "I'll put it in my college fund."

"What are you studying?" asked the man.

"Applied psychology," answered the student.

HEART DISEASE (Con't)

erosclerosis, but I feel quite certain that the two main factors are physical lethargy and overeating of rich food. Those two and heredity are much more important I am quite sure than other factors like stress, or even tobacco.

Tobacco, mind you, is not good for you and undoubtedly tobacco can seriously hurt the lungs and cause lung cancer. I am quite sure of that, but that it causes arteriosclerosis I am not so sure. It happens that the people who have more atherosclerotic coronary heart disease are the heavy smokers, but I'm not sure that there is an immediate relationship. Certainly, however, we do know that one can seriously damage his lungs if he smokes long enough and enough tobacco, and he can greatly starve his blood of oxygen as he gets older.

REHABILITATION

Just recently, I met an old patient of mine who a year ago was in terrible shape both with coronary heart trouble and with arteriosclerosis of one leg. He was afraid he would lose his leg; he had diabetes too, there was some gangrene, and he did lose some toes but with great care and assistance, surgical and otherwise, he is now in truly excellent health.

He has been unbelievably rehabilitated. And there are many less seriously sick patients who, of course, can also be rehabilitated. Coronary thrombosis now is past history for many people who have only small scars; General Eisenhower isn't the only one.

There are hundreds of thousands of others who are similarly rehabilitated. (Reprinted from Health, December, 1964)

DEADLY DRAPES

Beware of clothes or drapes if they still smell of cleaning fluid after you have taken them to a coin-operated dry cleaning establishment. Several infants and young children have been overcome by fumes from garments still retaining perchloroethylene, the dry cleaning solvent, and one auto accident was attributed to the driver being overcome by solvent fumes. Solvent can be retained in the clothes or drapes if the machines are not operating properly. If you detect a solvent odor when they come out of the machine, don't take them home in your car with the windows closed. Give them plenty of air on the way home and then hang them outside until the solvent odor has disappeared.

It is not every question that deserves an answer.

—Syurs

THE SAN BLUES

Here in my hospital bed I lie,
Hoping I'll live and wishing I'd die.
The doctor comes in, the doctor goes out;
Tells me nothing just leaves me in doubt.
Then come the "Blood suckers"
With needles so sharp.

If they take much more I'll be playing a harp.

If you ask the nurse for an aspirin per chance,

She'll give you an argument, a song or a dance;

I'll look on your chart,

See what the doctor has ordered,—

So chin up there! don't look so morbid.

Then after a wait of an hour or two,

The nurse comes back says 'she no can do.'

After a night of tossing and turning,

I wake up next morning with my stomach churning.

"Are you ready for your bath?" the nurse will say,

That is the last thing I want at this time of day.

My eyes look like two holes in my head,
And once again I wish—probably—that I were dead.

Then comes a visitor the first in days,
And I'm only unhappy because of the short stay.

A nurse comes in my fever to check

And fluff up my pillow under my neck.

Oh! 'gee those bed-pans they slither and slide,

How lucky you are if you have a tough hide.

Then there are the hypo's you get now and then;

I've felt sharper points on a ballpoint pen.
"Dear! your muscles are hard," the nurse

will say,
I doubt if that needle would enter a ball of clay.

But taking the doctors, nurses and all,

In case of emergency they answer the call.

As long as they're needed they work without rest,

In curing their patients they all do their best.

God bless the profession in the days ahead

And as for the gripes—well why don't we drop dead.

Marita Wellwood,
N. S. Sanatorium.

A mule cannot pull while kicking, and he cannot kick while pulling. Neither can you.

Never tell your resolution beforehand.

—John Selden

Nature, like man, sometimes weeps for gladness.

—Disraeli

OLD TIMERS (Con't)

ings from Dagny Anderson, now Mrs. Karl Svenlin. She says that after a beautiful autumn snow came suddenly in November, while her husband was still raking and burning leaves. Dagny writes that she was going for a check-up the next day, and that her condition keeps stable. Old Timers of the early 'thirties will well remember "Dannie", so blonde and friendly, and with the most appealing Swedish accent.

More news from Marguerite: Anne (Mrs. Albert) LeBlanc, a 1947 patient, is well, does a lot of reading and crocheting. Formerly of Grosses Coques, Digby County, she now lives in Halifax, and she says they have now moved to a more comfortable apartment, and that she was going out to a meeting of the Home and School.

Marguerite had news of two Old Timers who are travelling very extensively. Joan Daurie McCarthy, formerly of Clearland, Lunenburg County, has been in Germany, where her husband was stationed. They had travelled to Denmark and Norway in December, then back to Germany for Christmas. In the new year they have a trip to make to Spain, then back to England. Joan says they have had a wonderful time, and it is not hard to believe that Joan was here in 1953.

Also ranging far afield was Hazel Hamilton, now Mrs. Clayton Grinnell. Last February they moved to Port Austin, Michigan, from the Airbase at Selfridge, Michigan. She says Port Austin is a small town of six or seven hundred, but very busy during the summer as it is a tourist resort for fishing and swimming. She speaks of a wonderful trip to San Antonio, Texas, last October, when the bigness of the country impressed her greatly. Hazel sends regards to the people she knew at the San. during her stay here in the 'forties.

Twice we clipped pictures showing Old Timers from the local newspapers. One showed a group of people attending a meeting of the Electrical Contractors As-

sociation in Halifax, and we spotted a smartly groomed lady as Old Timer Ada MacLeod Lynk. Ada was a contemporary of Dagny Anderson Svenlin, in the early 'thirties, and famous for her big dark eyes and long black curls. She and husband Norman live in Glace Bay. The other picture showed the former Peggy Giles and her very happy looking bridegroom, Murray Cecil Steele. The young couple will reside in Preston, Ontario, where Mr. Steele is employed as electrical engineer with Canadian Westinghouse. Peggy, who was on the San. physiotherapy staff, will continue her work as assistant physiotherapist at the South Waterloo Memorial Hospital.

THE ODDS HAVE IT

Have you ever noticed that most beds in hotels are placed so that their left sides are against the wall? This is done because of an ancient superstition, and so that patrons will not be able to get up on the wrong side of the bed. Ancient people believed that the gods and forces of good lived within the right side of the body, while the devil and all the forces of evil dwelt within the left side. With this belief, according to the journal of the American Medical Association, if a person got out of bed on the left side, he would be giving the advantage to the forces of evil for that day, and could expect misfortune and bad luck!

Methuselah ate what he found on his plate and never as people do now, did he note the amount of the calorie count; he ate because it was chow.

He wasn't disturbed as at dinner he sat, devouring a roast or pie to think it was lacking in granular fat, or a couple of vitamins shy. He cheerfully chewed each species of food, unmindful of troubles or fears lest his health be hurt by some fancy dessert—and he lived over nine hundred years!

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