

NOVA SCOTIA SANATORIUM

VOL. 45

AUGUST, 1964

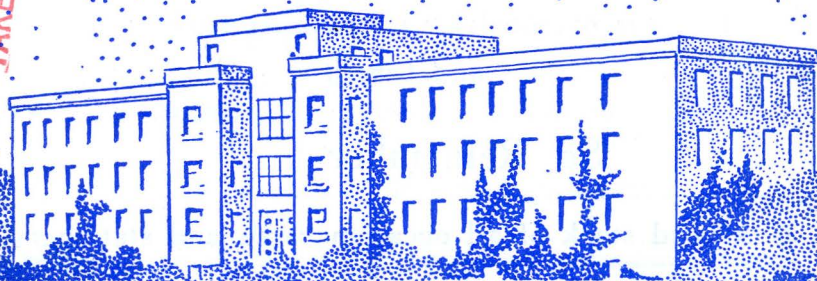
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Absolutely no visitors permitted during

QUIET REST PERIOD 1.15 - 3.00 P. M.

*Patients are asked to notify friends and relatives
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Anglican—Rector	<i>Archdeacon L. W. Mosher</i>
Sanatorium Chaplain	<i>Rev. J. A. Munroe</i>
Baptist—Minister	<i>Dr. G. N. Hamilton</i>
Assistant	<i>Rev. D. M. Veinotte</i>
Lay Assistant	<i>Lic. David Wilton</i>
Lay Visitor	<i>Mrs. Hants Mosher</i>
Christian Reformed—Minister	<i>Rev. John Vandyk</i>
Pentecostal—Minister	<i>Rev. C. N. Slauenwhite</i>
Roman Catholic—Parish Priest	<i>Very Rev. J. H. Durney</i>
Asst. Roman Catholic Priest	<i>Rev. Thomas LeBlanc</i>
Salvation Army	<i>Capt. R. Henderson</i>
United Church—Minister	<i>Rev. K. G. Sullivan</i>

The above clergy are constant visitors at the Sanatorium.
If you wish to see your clergyman, make your request known
to the nurse in charge.

HEALTH RAYS

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AUGUST, 1964

No. 8

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.,
Medical Superintendent



You will recall that we have mentioned Parker Hospital, Dartmouth, in Health Rays recently and the July issue carried a story on Miss Lyons who was on the staff of the Nova Scotia Sanatorium when it opened in 1904 and later was on the staff of the Hazelwood Hospital, Parker Hospital and the Halifax Tuberculosis Hospital.

During June, I received a letter from Mrs. G. Rafuse, a graduate nurse now on the staff of the Halifax Mental Hospital. She writes "In February, 1920, I went to work at the Parker Hospital where Miss Mary Lyons was the matron. It was a three storey building which had been Dr. Parker's home and was situated on the road going out towards the Nova Scotia Hospital. We had about twenty patients, chiefly women, with a staff of six nurses including Miss Lyons. Dr. Burris was the attending physician. Mr. John Buchanan, superintendent of the City Home, was responsible for the furnishing of the supplies. In October, 1921, the Morris Street Hospital (Halifax Tuberculosis Hospital) was completed so the patients were transported to it by Army ambulances. The first admission to the Morris Street Hospital was Miss Eva Carter, Farmer Smith's niece, who was transferred there from the Nova Scotia Sanatorium. Miss Lyons was very interested in all tuberculosis patients and worked hard to obtain help for them". Thank you, Mrs. Rafuse, for this additional interesting information.

* * * * *

During May, June and July four of our senior staff members have retired on superannuation. Their total periods of employment added up to 109 years which is quite a length of time in any language.

Hubert Sanford, 95 Exhibition Street, Kentville, retired on May 1 as Shift Oper-

ator in our Power House after 30½ years of continuous employment.

Patrick Bernard McEvoy first came to the Sanatorium as a patient in 1925. After a number of return trips, he regained his health and on January 1, 1943, joined our staff as Head Storekeeper. On June 20, after 21 years' service, he retired to his cottage at Kingsport.

Gerald Darling Moran came to the Sanatorium as a staff member in November, 1919. Until 1950 he was Head Electrician and Plumber. He then became Assistant Chief Engineer until he took over as Chief Engineer in 1962 until retiring on July 23. For a short while at least he and Mrs. Moran plan to live in Toronto.

Fred Fuller Graham, 44 Prince Street, Kentville, joined our staff on August 6, 1957, as Administrative Assistant, having served the Province as prothonotary a number of years previously. His actual period of service totalled over 12 years. His winning ways made many friends and no enemies while, at the same time, got things done.

Each retiring staff member was invited to a farewell tea—each was presented with a token of esteem from those of us left behind to carry on the work. It is difficult to say good-bye to conferees who have helped make the Sanatorium "tick" over the years—indeed, during 109 work years. All of us, once again, say "thank you" and "good luck" and "may you enjoy many years of happiness in retirement. You have become Sanatorium alumni which means we still think of you as part of the institution even though you no longer work here".

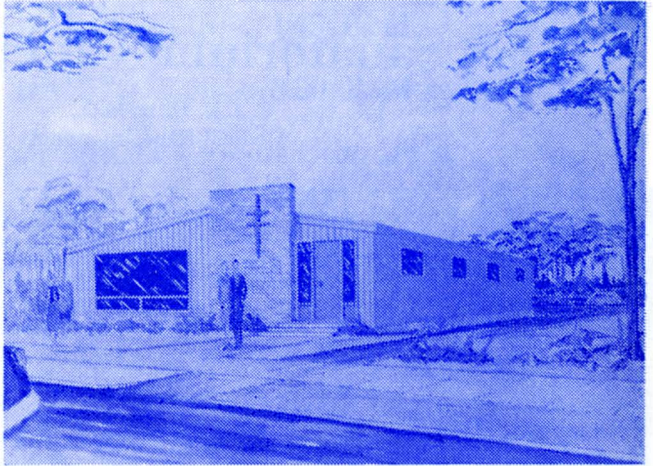
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Congratulations are in order for Mr. and Mrs. John Akin on the birth of a daughter, their first, on July 29, 1964. Bessie and John (Bun) have been working here six and eight years respectively, and both started at the Sanatorium as patients quite a few years

(Continued on page 23)

New NSTA Headquarters Building

The Nova Scotia Tuberculosis Association in July took over occupation of its new headquarters building on 17 Alma Crescent, Fairview, Halifax. During the past few years it became more and more evident that some steps would have to be taken to provide proper facilities for the expanding activities of the Association, particularly since the "take-over" of the programme and campaign in the Metropolitan and rural Halifax areas. For the past two years extra space has been taken in other buildings, at some distances, and at increased cost. Efforts were made to find rental space in the area occupied by the NSTA, and after much searching it was realized that the space required would be far too costly to rent, and the more practical, long-range plan for the best use of rental money was to build a building suitable to the needs of the Association. A very fortunate aspect of the matter was that it was not necessary to build in the downtown area of Halifax . . . the building could go up almost anywhere in the metropolitan area. With this in mind, the Building Committee consisting of Mr. Fred C. Morrison, President; Mr. George D. Burris, Vice-President; Mr. John MacKinnon, Treasurer, and Mr. Ralph E. J. Ricketts, Executive Secretary, investigated some ten properties before the final decision was made on the present site. The building was constructed by WEB Construction Company of Halifax. It is situated on a lot 52 x 182 and is 32 feet wide by 44 feet long. It is of prefabricated steel construction (which greatly lowered costs) and the actual framework, walls and roof were erected in about a week. The pilastre seen in the cut is of Norman style rough face Shaw brick, which allows the Cross of Lorraine to stand out very clearly, along with the name of the Association, which is done from aluminum enamelled white. The building will be painted Indian Red with an off-white roof and trim.



A great deal of time was spent on the interior design having an eye to the staff requirements. There is a moderate size waiting room which leads into the office of the secretary. The general office is about 30 feet by twenty and is most functional. Off the office of the secretary is the Executive Secretary's office, sufficiently large to hold committee meetings and interviews. The general office takes up almost one side of the building and is supplied with generous windows plus a very efficient lighting system. Along the opposite side of the general office is the Office Manager's office (an ex-tb'er, formerly June Hingley, now Mrs. Thomas Robertson); next to this is a small lounge equipped for lunches as most of the staff have long distances to travel to work.

The ground floor includes a very spacious board room, about 20 x 15 which will be available to other groups; a fire proof vault, wash room and a large storage room which will be used in the main for campaign activities and where all office machinery except typewriters is located.

The walls of the interior are finished in plywood, sound-proof ceilings and vinyl asbestos flooring. All of our previous office

(Continued on page 23)

The Surgical Management Of Pulmonary Tuberculosis

Dr. C. L. N. Robinson, F.R.C.P.(C).

Chest Surgeon

Saskatchewan Tuberculosis League

The sheet anchor for pulmonary tuberculosis is the sanatorium regimen and antimicrobial chemotherapy. Such treatment is aimed at encouraging regression and healing of disease. Then, the patient will no longer have a positive sputum nor would be liable to break down and become "open", being a danger to himself and the community.

The majority of patients heal their disease with rest and chemotherapy. A minority do not, and for various reasons, the sputum does not convert and become negative; or the radiological appearance of the disease suggests that the disease will not regress completely—even if the sputum becomes negative, there is a good chance of a break down in later life when normal living is resumed. It is for this minority of patients that surgery is recommended.

The Sanatorium Regimen

The sanatorium regimen entails rest for the body generally, rest for the affected "part", and rest for the mind. General body rest is conducive to the marshalling of defense mechanisms in combating disease. General rest also keeps the lung at a basal resting level, and so, overstretching with stress on the diseased areas is prevented. Again, when hospital care is provided, a patient is relieved of responsibilities of hurly-burly living; everything is done for him and he should revert to being a "vegetable": his mind should be at rest from worry and he should be allowed minor recreational hobbies. It is such a frame of relaxation of mind and body that allows the best personal fight against tuberculosis.

It is difficult, of course, for a patient to accept the diagnosis of active tuberculosis, even in our modern age of medical achievement. Such a diagnosis must still be taken seriously as in the past, however. The benefits of sanatorium treatment have stood the test of time, and are still beneficial. In general, it may take a patient several weeks to accept a diagnosis of tuberculosis and settle down to take treatment. When satisfactory rest and relaxation are achieved, the patient begins to get on top of his disease. A few patients do not accept hospital treatment, or accept it grudgingly—a physician easily recognizes such antagonism and knows that such a patient will take longer to get a cure if, in fact, he achieves a cure.

Chemotherapy

The discovery of drugs which are effective in combating tubercle bacilli is one of the greatest medical advances in this generation. These drugs are not only efficacious in causing resolution of parenchymal lung disease, but allow healing of tuberculous bronchitis and laryngitis, and have made lung resection safe and feasible. Before chemotherapy was used, collapse therapy was the only method possible to facilitate a natural cure. The first drugs discovered, Streptomycin, para-aminosalicylic acid (PAS) and iso-nicotinic acid hydrazide (INH) are still the best and are usually referred to as the "primary" drugs or the "big three". It is always necessary to use at least two drugs in combination, the tubercle bacilli are not prone to develop resistance with the use of two drugs. It is always important nowadays, to test each patient's organisms bacteriologically to determine if they are sensitive to drugs. A startlingly large number of organisms in patients admitted to hospital for the first time, or in patients who relapse, are found to be resistant to one or more of the primary drugs.

The length of a course of chemotherapy is measured in years rather than months. An average course of chemotherapy lasts for up to two years or more.

Other drugs have been discovered and are useful in treating tuberculosis. The favorite secondary drugs include Pyrazinamide, Cycloserine, Viomycin and Ethionamide (TH 1314). Selected combinations of the primary and secondary drugs may be used together. Tubercle bacilli may not respond quite as quickly to the secondary drugs as to the primary drugs however. In general the secondary drugs are kept in reserve for crises.

Management

When a patient first enters hospital, an attempt will be made or is now made to obtain sputum or gastric washings and test these secretions for tubercle bacilli by smear, culture and guinea-pig inoculation. If a positive culture is obtained, the organisms are tested for sensitivity to the drugs. Chest radiographs and other investigations are made. Weight is taken, blood counts are done, and the sedimentation rate of the red blood cells is estimated. These investigations make a base line from which progress may

be measured. These investigations are repeated periodically.

When the patient's organisms are sensitive to drugs, his disease is not too extensive, and he accepts the principle of rest, the majority begin to heal their disease and show progressive resolution. Satisfactory regression of disease is manifest by fall of temperature to normal levels, a gain in weight, return of blood counts and sedimentation rate to normal levels, conversion of a positive sputum to negative and radiological regression of disease. It is only when serial studies fail to show evidence of progressive regression of disease that other methods of achieving a cure may be contemplated. Although a suspicion of failure of medical treatment may be present early, it usually takes several months to decide that medical treatment alone will not suffice and that surgery may be required.

Indications for Surgery

Tuberculosis may heal completely with the production of scar tissue (fibrosis) and calcification. Failure to heal may be evident from ordinary radiographs, planigrams (tomograms), or viewing of the bronchial tree at bronchoscopy. In addition the temperature, the weight, the sputum test and blood counts will give corresponding help in assessing stability of disease.

On the whole surgery is needed and advised for "residual" lesions, which persist in spite of a satisfactory sanatorium regimen. These may consist of nodules (necrotic caseation), cavities, or bronchiectasis. It is known that nodules of more than minimal size will not be sterilized by chemotherapy, and if left, will usually reactivate later. The presence of a cavity too, is dangerous; healing is rarely complete in the presence of an open cavity. Bronchiectasis, of course, may be due to active tuberculosis, or be a complication of bronchial disease following healing and quiescence. Bronchiectasis in the lower lobe is more liable to flare up and cause further disease than in the upper lobe. Operation to resect diseased tissue is sometimes also necessary following a thoracoplasty which has not been effective in closing a cavity or rendering disease quiescent.

Lung surgery has reached the stage where it is possible to resect a whole lung, a segment, or the minutest part of a segment safely. At operation a great deal of effort is made to remove only diseased areas and leave every piece of normal tissue—every "five cents worth" of lung is worth saving. When this attitude is adopted, a patient is rarely more short of breath after operation than before, for only the diseased and previously non-functioning areas have been removed. Of course in a patient with extensive disease, or who is liable to cough

and bronchitis, one is careful to assess lung and heart function before operation is contemplated.

Lung resection, when feasible, gives the best chance of cure. Collapse therapy is used occasionally however. It may still be required to close a cavity in a patient who has disease too extensive for resection. Another indication arises when a patient has organisms persistently resistant to drugs, where resection would not be safe. Sometimes, it may be required in older patients with bilateral disease and a persistent cavity, who are too old to stand a resection. Alternatively, a partial collapse of the chest wall (thoracoplasty) is sometimes necessary following resection, when the remaining lung tissue is not bulky enough to fill the thoracic cage. Then a remaining pneumothorax is best obliterated by allowing the chest wall to collapse to meet the lung edge.

Long standing pleurisy and empyema constitute another indication for operation. The healing of pleurisy sometimes causes excessive scarring. This encases the lung and stops movement. With a marked decrease in movement, it is worthwhile to remove this encasing scar tissue to allow better lung function. It also prevents further activity of disease in that area.

Occasionally operation is necessary in children, during the first infection with pulmonary tuberculosis. Usually, a first infection is easily dealt with by natural processes, a patient thus develops resistance, and the only evidence of it later is a positive skin reaction. If the first reaction is overwhelming or the patient's resistance is low, however, it is more serious. The residual effects of this type of infection are commonly in the lymph glands in the chest. Failure of resolution of these, may necessitate an operation for their evacuation, as do tuberculosis lymph nodes in the neck.

It must be reiterated that operation is only recommended when medical treatment will not produce satisfactory healing. In every case the slight risk of operation is weighed against the danger of residual disease to life without it. We all realize that people do not want an operation if a cure may be accomplished by other methods. In some cases however, operation produces the best chance of cure. On the other hand operation must be regarded as only one factor in the overall treatment; when it is completed, a further sanatorium regimen and chemotherapy are required to facilitate complete healing.

Major decisions about treatment are made by physicians and surgeons at the regular conference. Every consideration is given to

(Continued on page 23)

Guidepost To A Happy Life

You may not be the master of your fate—
But you can set the sail.

Garry Colquette

During my daily rounds in the hospital I hear many such statements as: "Now that I am here my future is ruined"; "My life is lost"; "I have nothing to do but lie here and look at the four walls."

If you feel that life is passing you by, I hope these few directional guides will be of some help to you. I know that if we are to live each new day more fully and better than the day before, we must try better to understand ourselves, for the source of real happiness lies within each of us.

There are many ways through which we can get more out of life. I have chosen eleven basic ones, and I feel it would be good for all of us to review them ever so often.

1. Do you know how to make the most of what you have?

"Well, what have I got?" challenged one young girl. "Nothing but misery!"

The happy person always knows how to make the best of what he has, rather than sit around and moan and groan about what he could do if he were only a little taller—or prettier—or had the right breaks.

The hardest fight we have to make is to fight discouragement—that dread disease which can dry up even the heartiest ambitions.

Have you ever squelched ambition because others discouraged you? If you have, remember this: According to all rules of aerodynamics the bumblebee cannot fly. The size, shape and weight of the bumblebee's body in relation to his total wingspread is such that he **cannot fly**. But the bumblebee, being ignorant of these scientific truths, goes right ahead and flies—and it manages to make a little honey every day!

It seems that there are some people who are always so sure we are going to fail—and we hate to disappoint them.

2. Do you know how to keep young?

Being young is not simply a matter of a number of years. The moment the past appears more attractive to you than the present or the future, you are growing old. Those who find yesterday more attractive than today have nothing to make the present stimulating, interesting and vital enough to keep them from growing old.

Stop looking back longingly and regretfully, no matter what your present situation. Life for too many people is made miserable because their days and nights are spent in

self-pity over unfilled desires or of unrealized ambitions. If you could live your life over again, you would not make the same mistakes twice—you would make a whole set of new ones. No matter the number of birthdays nor how fast they come, always remember that the longer the time you stay young the shorter the time you will be old.

3. Do you continually set up desirable goals and strive toward them?

Did you ever want a puppy when you were a child? Did you ever think, "Oh, if only I had a puppy my happiness would be complete!" I did. But when I got my puppy I was surprised to find that my happiness was far from complete—now I wanted a bicycle. If I could only have a bicycle I should really be happy. . . .

This could go on—and on—and on—until one day we realize that happiness is not a station you arrive at, but the manner of travelling. It isn't the attainment of a goal that is important, but the striving to attain. Success is the feeling you have as you travel—not the feeling you get when you arrive. After you reach one goal you must set a new and more interesting one toward which to travel.

To know yourself is to know what kind of work or occupation makes you happy. Live life for all it is worth by setting new goals that are attractive and stimulating for yourself—and start today to attain them.

4. Have you learned to live with yourself?

Are you seeking constantly to understand yourself? You can never live well with others until first you live in harmony with yourself.

The greatest art in life is the art of getting along with others easily, happily and congenially. It is an art more important than all the knowledge and skills you can ever develop either in or out of school.

5. What to do if life hands you a "lemon".

There is only one thing to do if life hands you a "lemon"—make lemonade! The next time you begin to think how unlucky you are, remember this story; it's an illustration of the "lemon-lemonade" theme, and was a favorite of the late Franklin D. Roosevelt:

(Continued on page 23)

Moment In Italy

By Joan Gaul

Ramstein, Germany

People often claim that their country is God's country. The Annapolis Valley has always been that blessed place for me. This afternoon, however, I drove through a land more beautiful than I can imagine Paradise to be.

Driving from Venice this morning it was with a grim face that I left a three-day friend and began my homeward trek to Germany. Easter vacation was over and my venture in Venice finished.

Three days before I'd arrived in Venice, a city apart and distinct from others. Any city that can change an exhausted bedraggled body into a weightless composition must indeed be extra special.

Arriving by night, plodding along with Easter Monday traffic, I first passed over a four-lane causeway to leave my car stranded on the tenth floor of a parking garage. Every new city finds me confused and bewildered. Saying good-bye to my car and toting my bags, I headed for the ferry boat to the centre of Venice. Fortunately there are only four main directions. After taking two false directions, two Italians helped me on the right one—straight ahead!

A city without streets, without cars, without noise, rocked by the gentle lapping waves, is a peaceful city. Passing up the Grand Canal, my boat stop was Piazza St. Marco, aglow with—not neon lights but with the light of centuries. Was this the twentieth century or perhaps the twelfth? A huge piazza stretched out before me, surrounded by the mystery of years. Near the waterfront, bobbing with gondolas, two columns reached into the night. On either side rose buildings defying the water's embrace. A bell tower of red stone crowned by a gold figure, a prince's palace of white and pink, a church of gilt domes and arches, a bell tower with its golden lion all crowded in upon each other as music from the square drifted through the night. A mist set the streets aglimmer.

My hotel was through the square, down the edge of a small canal and over a bridge. My room was up the stairs and up again and again as if it were trying to escape the waves licking along the wooden piles beneath.

Up the bridges and down, my friend and I walked along the canals of Venice. Local legs must grow strong and sturdy for my legs ached like boils after the first day. The second morning when I tried to get out of bed I first had to rub the backs of my legs to get them to support me.

Islands, man-made or natural, water of the Adraitic in the Grand Canal, churches on every corner, jammed umbrella traffic on the narrow streets, bouncing gondolas and pizza made Venice enchanting.

This morning my friend and I had our usual pizza and coffee in a little restaurant near the hotel. I left regrettingly but practically as my money allotment for Venice had all but vanished.

Freeways and autobahns never provide anything but monotony, quick travel and accidents. The Autostrassa was an exception this morning. I never knew when a gate would pop up. The road was flanked on either side with emerald green grass six inches high and a distant view of the Alps to the north.

Turning toward these snow-capped mountains my heaven began. White capped mountains, villages of stone houses with narrow one-way streets, fields of emerald, lakes shimmering like blue diamonds, half tunnels turning and twisting near the water's edge with dancing reflections on the roof or torrents of water dripping from the ceiling, passed all too quickly before my gaping eyes. How I envied the people, striving, pushing, pulling, who lived in the most beautiful place in the world at that moment.

What could lie ahead? Nothing more. The best has passed and yet the road twisted on to the Swiss frontier and an Alpine pass. Each twist preceded only dozens of others reaching out to the top through fields no longer green but brown then white with two feet of snow. The pass loomed over the valley below while the sun sank behind a wall of granite. Should I go on to the valley on the other side, missing a few miles of unforgettable beauty? No, it's better to rest awhile for the joys and sights of tomorrow cannot be packed into today. A little town, a little bread, a little sleep will pass by and I'll awake tomorrow to another dream.

(Miss Joan Gaul is the daughter of Mr. and Mrs. Curtis Gaul, New Minas, N.S. She is teaching in Ramstein, Germany. Her father, Curtis, is a patient here. Ed.)

Never ask of money spent
Where the spender thinks it went.
Nobody was ever meant
To remember or invent
What he did with every cent.

—Robert Frost

Question Box

Dr. J. J. Quinlan



1. Q. What would cause an apparently healthy boy of 17 years to have a partial collapse of the lung?
- A. This condition which is known as spontaneous pneumothorax is due to the rupture into the pleural space of a cyst on the surface of the lung. These cysts contain air only, they may be single, but are frequently multiple. They may be confined to one lung, but in many cases both lungs are involved. They are most common in young adults, and until the spontaneous pneumothorax occurs, they usually cause no symptoms. Their cause is still obscure. It used to be thought that tuberculosis was a factor in their development, but this is now felt not to be so.
2. Q. How long should he rest after discharge from hospital?
- A. This will vary with the individual case. The lungs of some patients re-expand very rapidly following the occurrence of spontaneous pneumothorax, whereas in other cases, weeks and months will be required. Following the initial collapse it is frequently necessary to insert a rubber tube into the chest to allow the accumulated air to escape from the pleural space. This tube is left in until the lung is fully re-expanded, at which time the patient is usually discharged from the hospital. He is then advised not to return to his usual activities for at least an additional month.
3. Q. Should a patient who has suffered a partial collapse of the lung stop smoking?
- A. Smoking has not yet been implicated as one of the causative factors in the development of spontaneous pneumothorax. However, if a person smokes to the extent that he has a chronic cough, he should be encouraged to quit. It is not unreasonable to suppose that a severe coughing attack would precipitate a recurrence of the lung collapse.
4. Q. Are there any precautions which may be taken to prevent a recurrence of this lung condition?
- A. There is really not very much one can do to prevent recurrence of spontaneous pneumothorax. Many patients have only the one episode, and are never bothered thereafter. In a considerable proportion, however, the collapse tends to recur. In such cases we feel that major surgery should be undertaken, the chest opened, the cyst excised, and the parietal pleura removed. This will ensure that the lung will re-expand and remain adherent to the chest wall so that future episodes cannot occur.
5. Q. Why do some tuberculous patients have a cough while others who apparently have as much trouble do not?
- A. Cough is an important defence mechanism to remove foreign material from the bronchial tubes, and will occur whenever the lining of the bronchial tubes is irritated. Tuberculous patients will cough when there is an abnormal amount of secretion to be removed from the lung, or when

(Continued on page 25)

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HEALTH RAYS

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No. 8

STAFF

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EDITORIAL COMMENT

As we view the grounds surrounding the Sanatorium, with flowers in full bloom and the beautiful shade trees so conveniently placed; one thought persists "what a spot for a poet!"

A tree on the Rutgers campus inspired Joyce Kilmer to write the poem "I think that I shall never see a poem lovely as a tree."

Trees have made history as well as poetry and legend. An oak tree in Hartford, Conn., preserved in its hollow the defiant roster of liberty that Governor Andros was seeking to destroy.

It was under the bo-tree in India that Guatama was supposed to have received enlightenment which made him the Buddha.

It was under an elm tree on the common of Cambridge, Mass., that George Washington first took command of the Continental Army. Remember how easy it was to memorize Longfellow's "Under the spreading chestnut tree, the village smithy stands . . ." and Shakespeare wrote "Under the greenwood tree. . . ." The law of gravity is supposed to have come to Newton as he watched an apple fall from a tree under which he sat in contemplation; small wonder that the tree is so remarkable a symbol of so much that is remarkable on earth.

The fruit of the Tree of Knowledge in the Garden of Eden was, of course, the alleged undoing of Adam and Eve.

Emerson wrote "Trees are imperfect men"; and Walt Whitman seems to shout "How strong, vital, enduring, how dumbly eloquent . . . artistic, heroic is a tree; so innocent and harmless, yet so savage!"

Trees portray a steadfastness; they endure the harsh gales that seem determined to destroy them; the frost that snaps their branches and they sometimes seem to moan under the weight of snow in winter.

Here on the Sanatorium grounds we have a wide variety of trees and it is a pleasure to watch their colors as they change with the seasons. At this time of the year how nice it is to sit in the shade of their branches! Perhaps someone will be inspired to write a poem—who knows.

"I MUST GO SHOPPING"

One of these days I must go shopping. I am completely out of self-respect. I want to exchange self-righteousness I picked up the other day for some humility, which they say is less expensive and wears better.

I want to look at some tolerance, which is being used for wraps this season. And, by the way, I must try to match some patience that my neighbor wears. It is very becoming to her, and I think it might look well on me.

I might try on that little garment of long-suffering they are displaying. I never thought I wanted it, but feel myself coming to it.

Also, I must not forget to have my sense of humor mended. And look around for some inexpensive every-day goodness. It is surprising how quickly one's stock of goodness is depleted.

YES, I MUST GO SHOPPING SOON!

—The Link

Fame is what you have taken,
Character's what you give;
When to this truth you waken,
Then you begin to live.

Bayard Taylor

My Name Is Not Famous

Anonymous Student Nursing Assistant
Nova Scotia Sanatorium

My name is not famous. My ideals are as realistic as the characters in a broken fun-house mirror. I walk alone. The man is my interest; his life, my career. I, a mere speck in a vast universe, shall fight Death. Some persons will love me; others will hate me. But they'll all need me. I'll be a nurse.

Seventeen years have passed since He gave me life. Not much time. And the man asks, why a life of nursing should be mine. And I wonder and I answer:

The book was entitled "Death Be Not Proud". I read it, then read it again, and a third time. The words are my inspiration.

Medical programmes shown on television, encouraged me to join the medical team. The cold fact that blood does not make me twitch encouraged my ideas still further. But these reasons are not all.

I know the man. I read his thoughts. I feel what he feels. I understand him. I love the man. When he suffers, I suffer; but I do not cry. I comfort him. Nor do I mourn his death. A nurse's purpose is to care for the living, and not to mourn the dead.

The man asks, "What do you understand about nursing?" I understand people, and the individual. Such training provides for a stable future. It is a good career. A nurse must not allow her work to implicate her private life. She must be sympathetic. Her emotions must be under full control. She must remain uninvolved in any matters pertaining to law and involving the patient. The nurse must be aware of her restrictions. No grudges, against those with whom she works, must be retained by the nurse. The patient is my main concern. His cure, my purpose. I hold his life in my hands.

I step into my future. At my hand is the world. I have a universe to conquer. How shall I walk? I'll walk those lonely corridors in hospitals across the earth.

The hour is precious. I must live my dreams. I hope to work in Canada's Northland among the Indian and Eskimo people. I wish to further my general education and advance my position in life. I shall live with the man.

England 1968 is my destiny. Here I shall make my home. I have people to meet and places to visit. Whether the man is wealthy or a pauper, he is my friend.

And from England I will venture to Italy and to Pakistan. For I have friends not yet met, and there are lands I have not yet seen.

And so, I shall live a good life. I will work with the man. I shall be his nurse.

Many years from today, when my end has come, I shall smile and say, "Death; what fear doth it hold for thee now? None, that trial is done. For thee it is over."

SEED THOUGHTS

The heart is a garden where
thought flowers grow,
The thoughts that we think
are the seeds that we sow;
Each kind loving thought
bears a kind loving deed,
While a thought that is selfish
is just like a weed.

We must match what we think
the livelong day,
And pull out the weed thoughts
and throw them away;
And plant loving seed thoughts
so thick in a row,
There will be no room for
weed thoughts to grow.

—Author unknown.

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Chaplain's Corner

Lic. John S. Beers

With today's emphasis on psychology and, in particular, on that of analysis, a person finds himself in search of a real meaning for his existence in relation to God. In this search of meaning for life, must it be said for some "there is no God?"

Sometimes as I meditate on the meaning or meaninglessness of life, I stop and ask myself "Do I have faith in God because I really believe there is a living God, a God who understands and cares for the children of His creation?" or "Is it that I feel a dependence upon God because it is a psychological necessity?"

In a more general sense, "It is only when the stream of life bears heavily upon us that, out of a psychological need, we feel dependent on some force greater than ourselves?" Could it be that God becomes a place of refuge when all else fails or even a place of peril when God can give no meaning to life? When this happens we come to the place where we may say, at least for ourselves, "there is no God."

And when "there is no God" to give

meaning to life, one goes through an experience of conflict, misery, or you may call it "Hell" meaning "a separation from God". Georgia Harkness called this terrible experience "The Dark Night of the Soul."

But for those of us (and I wonder if all of us do not share this experience at one time, or another) who have known what it is to say "there is no God" and then to have come to a knowledge of God—God who loves, cares, and understands us as we are—it causes us to stand in awe and say MY GOD HOW GREAT THOU ART.

PRAYER:

Almighty God, Thou hast loved us even when we have not acknowledged Thee; Thou hast sought us to return to fellowship with Thee even when sin was separating us from knowing Thee. O Lord, our Lord, have mercy upon us, and restore us to a right relationship with Thee; and may we know Thine abiding presence with us. In the name of Christ, our Lord, we pray.

Amen

One Day At A Time

There are two golden days in the week about which I never worry—two carefree days kept sacredly free from fear and apprehension.

One of these days is yesterday. Yesterday, with all its cares and frets, all its pains and aches, all its faults, its mistakes and blunders, has passed forever beyond my recall. I cannot undo an act I wrought, I cannot un-say the word I said. All that it holds of my life—of wrong, or regret, and sorrow—is in the hands of the Mighty Love that can bring honey out of the rock and sweetest water out of the bittersweet desert. Save for the beautiful memories, sweet and tender, that linger like the perfume of roses in the heat of the day that is gone, I have nothing to do with yesterday. It was mine—it is God's now.

And the other day that I do not worry about is tomorrow. Tomorrow, with all its possible adversities, its perils, its large promise and poor performance, its failures and mistakes, is as far beyond my mastery as its dead sister yesterday. It is a day of God's. Its sun will rise in roseate splendour or behind a mass of weeping clouds but it will rise.

Until then, the same love and patience

that held yesterday holds tomorrow. Save for the star of hope and faith that gleams forever on the brow of tomorrow, shining in the unborn day of grace. Tomorrow is God's day. It will be mine.

There is left for myself, then, but one day in the week—today. Any man can fight the battles of today. Any man can resist temptation for just one day. Any woman who carries the burdens of those awful eternities, yesterday and tomorrow—such burdens as only the Almighty God can sustain—will break down. It isn't the experience of today that drives men—its the remorse of something that happened yesterday and the dread of what tomorrow brings. Those are God's days—leave them with God.

Therefore, I think and I do and I journey but one day at a time. That is man's day. Dutifully I run my course and work my appointed task on that day of ours, and God, the Almighty and All loving, takes care of yesterday and tomorrow.

—Robert J. Burdette
Iowa Stethescope

The word impossible is not in my dictionary.

Napoleon

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San Activities

During July, the Sanatorium was visited by a distinguished psychologist, Mr. K. S. Hirszel of Otwock, Poland. Mr. Hirszel was accompanied by Mr. Cliff Sparks, rehabilitation counsellor of Halifax. Both of these men are primarily interested in the rehabilitation of tuberculous patients and we have enjoyed Mr. Sparks' visits on a number of previous occasions.

We were most interested in hearing of Mr. Hirszel's W.H.O. Travelling Fellowship which is taking him practically all over the continent of North America and some countries of Europe. In Poland he works with tuberculous patients at his home base at Otwock Sanatorium. We learned that the treatment of tuberculosis is much the same in Poland as in Nova Scotia except that they use a combination of two of the antituberculosis drugs whereas we use three for routine treatment. In Poland the incidence of tuberculosis is higher than in Canada.

Their rehabilitation program in Otwock is more advanced than ours as they have a special rehabilitation centre for patients under treatment and for those who have completed treatment. Here the patients receive vocational training along many lines.

Mr. Hirszel says one of their major problems is to motivate the patients to take advantage of the courses offered to fit themselves for a new way of life after they leave the san. Many patients, there as here, are not physically strong enough to return to the strenuous work to which they were accustomed, but it is difficult to encourage them to train for occupations along a different line. As a psychologist it is Mr. Hirszel's duty to try to get patients to accept their problems of the present and prepare for their future when discharged from sanatoria.

NEWS OF THE NURSING STAFF N. S. SANATORIUM

Relieving on staff for the summer we have Mrs. Flora Brothers, R.N., of New Jersey, and Mrs. Maxine Pineo, R.N., of Lakeville. Mrs. Brothers, a former staff member, is spending the summer months in Nova Scotia.

Mr. Robert MacKenzie, R.N., Director of Nursing Education, and Miss Floris Smith, R.N., are absent due to illness. We wish them both a speedy recovery.

Congratulations are extended to Mrs. Danny Dowe, nee Diane Tanner on her recent marriage.

A miscellaneous shower was tendered Mrs. Dowe, previous to her wedding, by members of the nursing staff.

Miss Wei-Yuh Huang has completed the postgraduate course and is leaving to take a position in Halifax.

Miss Shang Mei Huang, R.N., has also completed the postgraduate course and will remain on staff.

FROM THE MAIL BAG

Barney's River,
Pictou Co., N. S.
June 20, 1964

Dear Miss MacLeod:

I am writing a few lines to tell you my marks. The first row is mine and second is my brother Jamie's

Literature	79	75
Written Composition	89	69
Spelling	100	99
Social Studies	70	54
Health, Phy. Edu.	69	72
Arithmetic	78	88
Penmanship	80	90
Average	77.2	77

We are in Grade VI next year.

Bye for now.

Your friend,
Robert Stalker

The above is a letter received by Miss Marguerite MacLeod from Robert Stalker, who was a patient here at the San. for over a year. Along with his academic work he took typing and did very well. His marks compare very favourably with his brother's, who was a full-time student in public school. Congratulations Bobby. Ed.

STATION SAN REPORT

During the past year the programming over Station SAN has remained much the same as that of the previous year: Mr. Barrett continued his Monday morning broadcasts; Miss Marguerite MacLeod presented her weekly music appreciation program; there were request programs, mainly music; and country and western music were heard during the day. Al Williamson took care of the evening and weekend broadcasts which included religious services, daily report and pre-op requests.

There were a few changes, however. Father Durney discontinued his daytime program due to the pressure of his pastoral duties. Miss Eileen Quinlan and Miss Virginia Allen of the dietary department gave a series of talks on nutrition. The Wally Burgess show became a regular program

(Continued on page 25)

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Old Timers

"Lots of news this month", said Anne Marie, with a big smile. In fact, it makes us all feel good, that so many of our Old Timers drop around for a visit during the summer. So we will get right down to the business of giving out with the news.

To start with a really, truly Old Timer, we go back to 1914. When John Lawrence, of the Records Department, was on holidays and visiting his old home town of Maitland, he called on Mrs. Theresa ("Tressie") Burgess at Selma. Mrs. Burgess, who is 82, was here as a patient in 1914, and to quote John, is "as bright as a button".

Anne Marie tells us of seeing another real Old Timer when she was spending a week-end at home recently: Lorette Belliveau, was here in 1915, a school girl at that time. She has now retired from her secretarial work in New York, but continues to make her home there. She came down for a summer visit to her old home at Belilveau's Cove. A brother is Basil Belliveau, a patient here in 1929, who still lives in Belliveau's Cove.

An Old Timer who was here in 1929 and again in 1953, Lenley Banks, called in to see old friends at the San. He was on his way to his old home at Parker's Cove from Florida, where he had been running a motel. He

THIS HALF PAGE IS WITH THE
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says he has sold his business in Florida and may go to California to live. Lucky him—if we have any more winters like last year!

Laurabelle Winters Wallace had a busy time looking up friends and relatives when she came East for a visit this summer. Laurabelle was a patient here in 1934, and stayed on to become secretary to the Assistant Medical Superintendent. In 1949 she married Rod Wallace and went to Winnipeg to live. Now, with her daughter Sandra growing up, she finds she has time to do part time secretarial work for the Welfare Counsellor at Winnipeg. According to Anne Marie, she does not look a day older. How does she do it??

Daniel Gibson, who left here 19 years ago, dropped in last month. He now drives an ambulance at H.M.C.S. Stadacona, Halifax, and had brought a patient to the Sanatorium.

Dr. Quinlan tells of hearing from Mrs. Frances Wilkinson, who is now Mrs. Pandolfo and lives in Windsor, Ontario. While she was a patient here, back in 1943, she gave birth to a baby boy, whom she named "Quinlan Harry". She enclosed a picture of herself and "Quinnie".

Verna Mason, R.N., who will be remembered as a patient in 1946 and a popular member of the nursing staff for some years after that, visited Pat MacEvoy at Kingsport in July. Verna is in charge of the Eastern Shore Memorial Hospital at Sheet Harbour.

Dr. Philippe LeBlanc, who was here in 1944, came in for a checkup in July. He was returning to his home at Little Brook, Digby County, where he is in general practice, after a vacation spent in Quebec.

Johnnie MacLellan, who was a patient in 1946 and later on the San. Rehab. staff, stopped in for a visit with old friends. He still teaches Industrial Arts at the Brookfield Rural High School, and during the summer goes to Greenwood for work with the Cadet Camp, which he finds an interesting change from his winter teaching. We did not see Johnnie, but all reports say he looked extremely well, having stopped smoking and put on a bit of weight.

We have news of some Yarmouth Old Timers which was brought back by those attending a Nursing Assistants conference there. Paul Soppa, formerly of Springhill, is now bookkeeping for a car dealer in Yarmouth. Paul, who was here in 1956, has a family of two little girls. He wishes to be remembered to all his San. friends. Hugh Allen, a 1945 Old Timer, keeps well and is very proud of having become a grandfather. Daniel Stanton conducts a flourishing nursery business in Dayton, near Yarmouth. He was here in 1957, and he, too, wishes to be remembered to old friends.

Roy MacQueen came up from Dominion, C.B., to enroll his son in the Kentville summer hockey school, and took time to look up some old friends at the San. Roy was here in 1954, and will be remembered for his musical talents. While here he played the piano for a band that entertained over Station S.A.N. Neither Anne Marie nor your O.T. editor can remember the name of the band—maybe some Old Timer can come up with it?? At present Roy is employed by Imperial Oil and is in good health.

Louis Thibault, Comeauville, Digby County, came in for a checkup. He plans to teach science at Meteghan River High School next term. Louis was here in 1953,

(Continued on page 25)

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INS and OUTS

Admissions: N.S. Sanatorium, June 16 to July 15, 1964

Mrs. Celia G. Sweet, Waterville, Kings Co.; Thomas Henry Isnor, 5419 Glove Street, Halifax; Meril Dean Edy, Eastern Passage, Halifax Co.; Sam Harry Kadys, 624 King Street, Bridgewater; Mrs. Laura E. MacEachern, 170 Cornwallis Street, Kentville; Daniel Jean LeBlanc, Box 95, Weymouth, Digby Co.; Mrs. Madeline L. Boudreau, 193 Marsh Street, New Glasgow; James Amos Jollimore, Terrance Bay, Halifax Co.; Sayon Anselm, 7 Melody Drive, Rockingham, Halifax Co.; Thomas Henry Clarke, 172 Herett Road, Springhill; Mrs. Agnes Collins, Box 33, Milton, Queen Co.; Mrs. Marjorie V. Roberts, 84 Glenridge Ave., Bridgewater; Joseph Rubin Deveau, 2620 Fuller Terrace, Halifax; John Henry Fultenhime, 114 Victoria Street, Truro; Mrs. Rose Ann Sutherland, St. Peters, Richmond Co.; Mrs. Jean Erna MacPherson, R.R. 3, Coxheath, Cape Breton; Cecil Benjamin Dares, Meagher's Grant, Halifax Co.; Mrs. Helen T. O'Handley, Grand Lake Road, Cape Breton; Roy Aubrey Sparks, Canning, Kings Co.; Glenn Richard Brow, Havre Boucher, Antigonish Co.; Charles Stephen Dwyer, 1323 Dresden Row, Halifax; Mrs. Eileen F. Robinson, 11 Dawson Street, Pictou; Wright Rigg Howarth, 474 Main Street, Kentville; Mrs. Susann B. Atwood, Lockeport, Shelburne Co.; Robert Alvin Burgess, Box 44, Site 7, Kearney Lake, Halifax Co.; Burpee L. Eisner, Barss Corner, Lunenburg Co.; Lyman Joseph LeBlanc, St. Bernard's, Digby Co.; Glen Woodworth Kelly, Aylesford, Kings Co.; Ernest Albert Jordan, Jordanville, Guysborough Co.; Mrs. Yvonne Duncan, Hantsport, Hants Co.; Mrs. Elzora F. Beals, R.R. 1, Aylesford, Kings Co.; John Edgar Moses, 72 Granville Street, Bridgetown; Ralph Horace Davison, Hantsport; Louis LeBlanc, Middleton, Annapolis Co.

Discharges: N.S. Sanatorium, June 16 to July 15, 1964

James W. Sibley, 116 Young Ave., North Sydney; Archibald N. Huntley, Big Marsh, Antigonish Co.; John Duncan Grant, 208 Marsh Street, New Glasgow; Armand James Nauss, 93 Chester Ave., Kentville; Damira Marie Barich, 5170 Morris Street, Halifax; Clarence C. Usher, 28 Rafuse Ave., Fairview, Halifax Co.; Mrs. Florence Dimock, Middleton, Annapolis Co.; George St. Clair Smith, 3 East Street, Yarmouth; Dr. John T. Marshall, 26 Park Street, Middleton; Raphael G. States, Avonport, Kings Co.; Mrs. Avril J. Kilborn, 8-12 Crescent, Greenwood, Kings Co.; Frederick H. Brison, Cheverie, Hants Co.; Josiah MacLeod, Canaan, Kings Co.; Louis G. Stevens, Bishopville, Kings Co.; William McKinley, Chester, Lunenburg Co.; Mary Catherine McLean, Ohio, Antigonish Co.; Harry F. Williams, 476 Main Street, Kentville; Mrs. Rachel L. Mosher, Western Shore, Lunenburg Co.; Mrs. Mary Mae Gaudet, 960 South Bland Street, Halifax; Joseph Dennis Muise, Surrette's Island, Yarmouth Co.; Mrs. Jessie Rafuse, R.R. 1, Waterville, Kings Co.; Mrs. Agnes M. Collins, Box 33, Milton, Queens Co.; Mrs. Annie E. Verge, 5273 Kent Street, Halifax; Mrs. Celia G. Sweet, Waterville, Kings Co.; Roy Aubrey Sparks, Canning, Kings Co.; Walter Amos Snell, Box 942, Athol Road, Springhill; Joan Marie Estabrooks, Springhill Junction, Cumberland Co.; Mrs. Genesta M. MacKenzie, Canso, Guysboro Co.; Robert Alvin Burgess, Box 44, Site 7, Kearney Lake, Halifax Co.; James Arnold Durham, 129½ Woodworth Road, Kentville; Archibald J. Bush, Bush Island, Lunenburg Co.

Admissions: Point Edward Hospital, June 16 to July 15, 1964

Mrs. Margaret Jane Oliver, Point Tupper, Richmond Co.; Wilbert Bernard Hall, Port Morien, C.B.; John Franklin Conohan, 394 Welton Street, Sydney; Mrs. Matilda Elizabeth Martell, 156 York Street, Sydney; Leo Paul Aucoin, 25 Ellsworth Ave., New Waterford; Raymond Joseph Meunier, West Ari-

(Continued on page 26)

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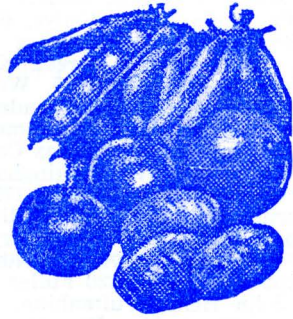
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CRACKER BARREL (cont'd.)

before that. All of us are relieved—we have been pacing the floor along with the expectant father—and very happy for both mother and father.

NSTA HEADQUARTERS (cont'd.)

equipment fits very well into the building and very little extra has to be purchased.

The landscaping is completed, and there is parking space at the rear, which can very easily be expanded for increased accommodation.

This is a very excellent step forward in the life of the NSTA, one which will show great benefits as the years go by. The headquarters building is the heart of the voluntary movement in the province, supported by the wonderful efforts of so many committee members throughout the province and thousands of contributors yearly. It is the feeling of the Board that this is a most worthwhile investment which will help produce real dividends in the field of tuberculosis control.

SURGICAL MANAGEMENT (cont'd.)

a patient's whole status, not only to the type of disease, but to the age, the occupation, the home conditions, and the family responsibilities. This searching consideration of each patient by the sanatorium team produces the best advice to every individual, and ensures his return to the community as a safe and healthy citizen in the shortest time.

(The Valley Echo)
May 1963

GUIDEPOST (cont'd.)

A thief broke into a man's house and stole his purse. That night the man wrote in his diary: "Let me be thankful first because I was never robbed before; second, because although he took my purse, he didn't take my life; third, because although he took all I possessed, it was not much; and fourth, because it was I who was robbed and not I who robbed."

6. Beware of perfectionism.

"Everyone must love me. Everyone must think my clothes are perfect. Everyone must think I have the best personality". Nonsense! The "doers" of this world learn early to let criticism run off their backs. Have faith in yourself. Remember that the only ones who are not talked against are those who do nothing. If you have faith in the right of what you are doing, don't let the hecklers worry you.

Perfectionism can be a dangerous trait. It is well to "hitch your wagon to a star", but be reasonable with yourself.

7. Can you laugh at life?

There are some things in life that are so sad that if we did not laugh we should surely cry. Laughter is the sunshine of the

soul. There is no medicine that can match laughter for therapeutic value. To live fully you need a healthy sense of humor.

8. The optimistic vitamins of laughter.

It is easy to be happy when life brings us what we want—but the measure of a man is how he responds to life when it deals him a nasty blow.

When you take an auto trip you expect to find some bumps in the road, and you would not drive a car that fell apart every time you hit a bump. So it is with life. Have you developed the kind of personality that can hit a life-bump and bounce back, shaken a bit perhaps but still ready to face the next one? If you have learned to be happy in spite of what life does to you, then you have indeed become a wise and useful adult. And if not happy, at least flexible.

If you have not already done so, start now to do yourself a big favor. Work on your sense of humor. It may really be quite hard to see anything funny right now, but if you try you will be amazed at how much easier it is to face your worries and fight off the "blues".

9. Have you reached a "tired spot" in life?

Have you ever been on a hike, when after a long while you felt you just couldn't go on? We all reach similar "tired spots" in life.

The characteristic which distinguishes one person from another is the way he behaves when he comes to his particular "tired spot". One person rests awhile, then goes on, refreshed; another refuses to try further, declaring that "Enough is enough". Yet another may insist on being carried. All of us reach points in life when it seems almost too much to undertake another step forward; we're just too weary, and we wish only to be relieved of the burdensome pack.

Remember when you were a child and were taking a long walk with your father, you became so tired you began to cry? Did your father ever stop, cut a branch from a tree and make a stick horse for you to ride? And did that horse carry you at a gallop for the rest of the way? The next time you come to a "tired spot", look around—and I bet you'll find a stick horse to help you along.

10. Do you take time to make friends?

To have a friend you must be a friend. That is a very old and familiar saying—but it's a true one. Friendship is like a plant; it must be nourished and cared for or it will wither and die. If you could have another person like you (or love you), you must be eager to understand the way he looks at life, to appreciate his point of view. Is it easy for you to put yourself in another's shoes? Do you ask yourself, "How would I react if I had his problem?" These are good questions to ask whenever you find yourself

(Continued on page 25)



A small girl, taken for the first time to eat in a swanky restaurant, was impressed by the vase of flowers on each table.

"Daddy", she asked, "what are the flowers for?"

"Shhhh", said her father, "the waiters are dead."

Lady Astor, who died recently in England, was no admirer of Winston Churchill. "There are two things I don't like about you", she told him years ago.

"What are they?" Churchill asked.

"Your politics and your moustache", she answered.

"Dear Madam", Churchill replied, "don't disturb yourself. You are not likely to come in contact with either."

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LIMITED

While on their vacation in Nevada, a young married couple, picnicking by a stream were surprised by a stampeding herd of wild donkeys. One of the jacks attacked the husband, knocking him down. The animal was standing over him about to inflict serious injury when the courageous young wife drove off the dangerous beast with repeated blows from an umbrella. Later on, they related the incident to the manager of the hotel where they were staying. He said that it would make a good story for the local gazette.

In due time they returned home to Kansas. A week later they received a copy which contained the story of their adventure, flabbergasted, the young couple read the following headline: BRIDE BEATS ASS OFF HUSBAND WITH UMBRELLA!

Boss: "You should have been here at nine o'clock."

New Stenographer: "Why? What happened?"

The ailing patient had a wife with a huge but inaccurate medical vocabulary, which she used not only to describe his symptoms but to prescribe treatment as well.

Occasionally, however, she did consult the doctor. "I just don't know", she once said with a sigh. "I've racked my brains to decide what can be done for him, Doctor. Just how effective is an autopsy?"

Coming home much earlier than usual, Pistache was surprised to find his wife with masculine company. But being a woman, she was not at a loss for words: "You, Pistache, are always able to tell a good story about why you are out so late. Now tell a good story about why you're home so early!"

"Sonny, did you get my suit from the tailor?"

"He refused to give it to me without the money, Pop."

"Didn't you tell him I thought you were too young to carry money?"

"Yeah, but he said he'll keep the suit until I get bigger."

A hard-up sportsman bought a horse but failed to pay its former owner.

Later he met the man who sold him the horse.

"I am not at all satisfied with that animal", the sportsman said.

"Why, what's the trouble?" asked the dealer.

"Well, the nag won't hold his head up."

"Oh, that's all right", replied the dealer, "taht's his pride. Just wait until he's paid for."

Scandal is a breeze that was stirred into a cyclone by some windbags.

"Honey", said the coy wife, "how shall we celebrate our 25th wedding anniversary?"

"What would you think", he murmured dryly, "of five minutes of silence?"

A bachelor never quite gets over the idea that he is a thing of beauty and a boy forever.

Running after women never hurt anybody—it's catching them that does the damage.

A husband can stop his wife spending too much on gloves by buying her a beautiful ring.

When we do not find peace of mind in ourselves it is useless to look for it elsewhere.

being critical or impatient with another. The ability to enter into the tastes, interests and points of view of another person is a sign of good adjustment.

11. Do you have an "educated heart?"

Yours is an "educated heart" if you know how to bring a little happiness into the life of someone else . . . and you do it! It means you know something wonderful to say about someone . . . and you say it! It means you may know something cruel and vicious . . . and you don't say it! It means you see, or that you are trying to see, from the other person's viewpoint.

Your life in the hospital can be largely what you make it. The attitudes you have will do much to make your stay here either pleasant or unpleasant. Your happiness and well-being depend so much on your personal outlook on life. And when your "outlook isn't good, try the uplook!"

SoCaSan Piper

QUESTION BOX (cont'd.)

there is inflammation of the bronchial tubes, or bronchitis, present. The abnormal secretion produced by tuberculous disease varies very considerably in different individuals. Two people may appear to have the same amount of trouble as demonstrated by their chest x-ray, but the secretion from this disease may vary considerably. Consequently, some may have no cough at all, others very little, and still others a very severe cough. Also the sensitivity of the bronchial tubes and wind pipe varies in different individuals so that the same amount of irritation will not cause the degree of cough in one person as it does in another.

STATION SAN (cont'd.)

feature over SAN. Wally, one of our talented patients, composes and sings his own songs and plays his own accompaniment on the guitar. Other patients taking part were: Elsie Byers, Marilyn MacKinnon and Francis Bourque.

A number of special broadcasts were presented throughout the year. In November the patients' Variety Show was relayed to the bed patients from the Recreation Hall. Several groups of singers presented programs. Also various schools throughout Kings County entertained the patients with carols and band music at Christmas time.

During the Apple Blossom weekend two band concerts were broadcast, one by the Cornwallis Naval Band and the other by the R.C.A. band of Halifax.

On May 21 the ministers attending the Institute of Pastoral Training were interviewed by your SAN operator and the interviews were broadcast to the patients.

Due to teaching duties our scheduled program time has been shortened somewhat, and a few of our regular programs discontinued. Station SAN continued to operate daily from 7 a.m. to 10 p.m. except for the quiet rest period in the afternoon.

Mary MacKinnon

OLD TIMERS (cont'd.)

and is the proud father of a family of six. A more recent Old Timer is Art Crowell, who left here last December. He is very well, and is managing a meat store at Bible Hill, Colchester County. He says he still has his race horses.

Leland and Shirley Macumber, a husband and wife team who were here in 1958, visited at the San. in July. Both are very well, and live at Wellington Station, Halifax County.

A recent bride is Annette Deveau, now Mrs. Albert Comeau. Annette, who was just a school girl here in 1957, was married in July at Galt, Ontario, where her husband is employed.

Mary Fielding, who was here in 1961, came in for her D.V.A. review. She tells us she still lives in Yarmouth but is co-owner of a laundromat and dry cleaning business in Truro. The other partner is Irene MacKay, also an Old Timer. Irene's husband is manager of the plant.

We had news of Murray Sellars, who was here in 1958 and lives at Dartmouth. Murray, who is blind, travels about putting cane bottoms in chairs.

In July we were delighted to see Old Timers Phoebe and Harold MacKinnon back East once more. They had driven from their home in Saugachuck, Michigan, for a five-week vacation with relatives in the Valley, among them Phoebe's aunt, Mrs. Campbell of the Rehab. staff. With them were their two sons, Roddie and Billie, aged 12 and 7. Harold has been for some time Director of Nursing at the hospital in Holland, Michigan. They are still keen bridge players, and Anne Marie says they managed to get in a game at noon one day. Report has it that they "looked better than ever"!

Richard Pottie and his wife, the former Rose Borgal, became the proud parents of a baby girl in May. Dick is still nursing at the Western Kings Memorial Hospital, Berwick. They make their home in Aylesford.

Edna and Murray MacIsaac, a 1944 San. romance, were here for their checkups recently. They live in Halifax and both are very well.

(Continued on page 26)

Anne Marie says that when she was flying to Boston for her summer holiday she discovered that in the seat next to her was a San. Old Timer. Catherin Stephens, who was here in 1960, and is now a stenographer with the RCAF, Greenwood, was also flying to Boston for a holiday. Is it a small world, or do San. Old Timers just get around a lot?

Edgar Scott, a 1961 patient who was teaching accounting at Dalhousie University last term, has gone to New York for further studies.

We have news of two Westville Old Timers. Joseph Coulet, who was here in 1959, is well, and says that he takes life easy. Alex MacIntyre, also a 1959-er, is well, too. He is postmaster at Westville.

Evelyn MacLellan, who returned to her home at Noel Shore, Hants County, last fall, keeps well and enjoys working outside in her garden. She wishes to be remembered to her friends at the San.

INS AND OUTS (cont'd.)

chat, Richmond Co.; James William Sibley, 116 Young Ave., North Sydney; John Joseph McArthur, 659 Prince Street, Sydney; Matthew Whitty, Ingonish Beach, Victoria Co.; Gregory Daniel Pollard, Port Hawkesbury, Inverness Co.; Arthur Francis Baker, 84 Victoria Road, Sydney; Miss Aldona Elizabeth Hawley, Ingonish Ferry, Victoria Co.; Mrs. Helen Morris, Eskasoni, C.B.; Mrs. Lena Ann Kokocki, 81 Ferris Street, Sydney.

Discharges: Point Edward Hospital, June 16 to July 15, 1964

Miss Alexandra Marie Nearing, 7½ Currie Street, Glace Bay; Mstr. Sheldon E. Matheson, Gabarous Lake, C.B.; Mrs. Rose Ann Sutherland, St. Peters, Richmond Co.; Mrs. Emma Jane LeLoup, 9 Union Highway, New Waterford; Mrs. Margaret Ann Gillis, 27 Ripley Street, New Waterford; Miss Katherine Jean MacLeod, Box 188, Baddeck; Mrs. Helen Teresa O'Handley, Grand Lake Road, Sydney; John R. Burton, Bay St. Lawrence, Victoria Co.; Leo Osborne MacDonald, R.R. 1, Mulgrave; Mrs. Mary Ann Shaw, Bateston, C.B.; Baby Catherine Ogley, 134-11th Street, New Aberdeen, C.B.; Mrs. Nancy Sylliboy, Whycomagh, Inverness Co.; Joseph MacDougall, R.R. 1, Washabuck, Victoria Co.; Mrs. Henrietta Arsenaault, 136 Laurier Street, Sydney; John Graham, 144 Dominion Street, Glace Bay; Joseph Gerald Blackmore, 51 Mountain Road, Halifax.

The thing that goes the farthest towards making life worth while,

That costs the least, and does the most, is just a pleasant smile.

At first laying down, as a fact fundamental,
That nothing with God can be accidental.

Longfellow

THE MEN OF OLD

I know not the men of old
Were better than men now,
Of heart more kind, of hand more bold,
Of more ingenuous brow:
I heed not those who pine for force
A ghost of Time to raise,
As if they thus could check the course
Of these appointed days.

Still it is true, and over true,
That I delight to close
This book of life self-wise and new,
And let my thoughts repose
On all that humble happiness
The world has since forgone,
The daylight of contentedness
That on those faces shone.

With rights, tho' not too closely scann'd,
Enjoy'd as far as known;
With will by no reverse unmann'd,
With pulse of even tone,
They from today and from tonight
Expected nothing more
Than yesterday and yesternight
Had proffer'd them before.

To them Life was a simple art
Of duties to be done,
A game where each man took his part,
A race where all must run;
A battle whose great scheme and scope
They little cared to know,
Content as men-at-arms to cope
Each with his fronting foe.

Man now his Virtue's diadem
Puts on and proudly wears:
Great thoughts, great feelings came to them
Like instincts, unawares.
Blending their souls' sublimest needs
With tasks of every day,
They went about their gravest deeds
As noble boys at play.

Richard Moncton Milnes,
Lord Houghton

THE MUSIC OF LIFE

There is no music in a rest,
Composers place it there
That we may pause and catch a note
That follows, with more care.

God sends each life sometimes a "rest",
And we lament and grieve
That sickness, disappointing plans,
Give us unsought reprieve.

God writes the music of our lives:
Our part, to beat the time,
And sing, and rest—pick up the key—
Go on with note sublime!

Anon

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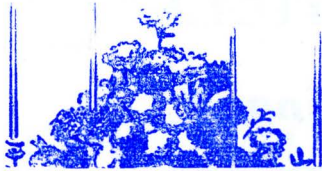
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