

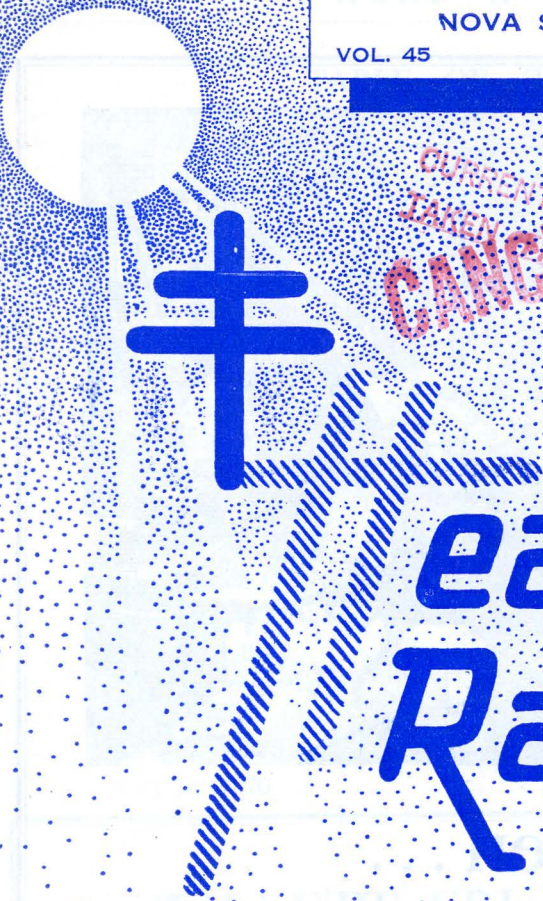
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NOVA SCOTIA SANATORIUM

VOL. 45

MAY, 1964

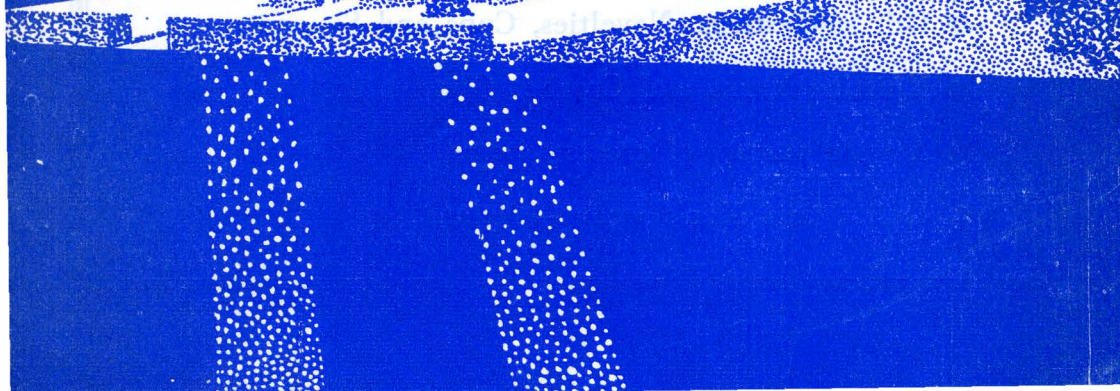
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| J. J. QUINLAN, M.D. | Surgeon |
| F. J. MISENER, M.D. | Radiologist |
| A. LARETEI, M.D. | Physician |
| MARIA ROSTOCKA, M.D. | Physician |
| G. A. KLOSS, M.D. | Physician |
| E. W. CROSSON, M.D. | Physician |
| V. D. SCHAFFNER, M.D. | Consultant Surgeon |
| D. M. MacRAE, M.D. | Consultant Bronchoscopist |
| E. J. CLEVELAND, M.D. | Consultant Psychiatrist |
| F. R. TOWNSEND, M.D. | Consultant Psychiatrist |
| B. F. MILLER, M.D. | Consultant Orthopedic Surgeon |
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DAILY: 3.15 - 4.45 P. M.

DAILY: 7.30 - 8.30 P. M.

Absolutely no visitors permitted during

QUIET REST PERIOD 1.15 - 3.00 P. M.

*Patients are asked to notify friends and relatives
to this effect*

Kentville Church Affiliation

| | |
|------------------------------------|--------------------------------|
| Anglican—Rector | <i>Archdeacon L. W. Mosher</i> |
| Sanatorium Chaplain | <i>Rev. J. A. Munroe</i> |
| Baptist—Minister | <i>Dr. G. N. Hamilton</i> |
| 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. Slaemwhite</i> |
| Roman Catholic—Parish Priest | <i>Very Rev. J. H. Durney</i> |
| Asst. Roman Catholic Priest | <i>Rev. Thomas LeBlanc</i> |
| Salvation Army | <i>Major R. G. Ellsworth</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

A MAGAZINE OF HEALTH AND GOOD CHEER

Authorized as Second Class mail, Post Office Department, Ottawa
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VOL. 45

MAY, 1964

No. 5

The Sanatorium Cracker Barrel

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



That gentle giant among tuberculosis physicians, Dr. Robert George Ferguson, passed away on March 1st, 1964, in his cottage near Fort San, Saskatchewan, the scene of his life's work. Born on September 12, 1883, he lived a life full of well earned rewards—an adoring family of whom he was justifiably proud, the respect and friendship of his conferees, the warm regard of his patients, world recognition as an authority in his chosen field and the respect of those who knew him personally or by reputation.

Mrs. Hiltz and I felt the warmth of his hospitality when we stayed for a week with him and his daughter, Shelagh, at his home in the Qu'Appelle Valley in 1947. Mrs. Ferguson was away at the time but we met her later and found that she was just the wonderful type of person we would have expected as the life partner of this kindly physician. Although we were comparative strangers to him, we were friends of his friend, Dr. A. F. Miller, we were strangers in his community and we were interested in his work with B.C.G. vaccine and mass x-ray surveys. There was no room for argument when he said that we were staying in his home rather than at the local hostel. Many a fine discussion we had and, in the evenings, many a good hand of bridge. One no-trump was a favorite opening bid and was accompanied by a special gleam in his eye. We still remember the excellent steak dinner he hosted as we drove northwards toward Watson, Saskatchewan, the village where we also celebrated Mrs. Hiltz's birthday on June 23rd of that year.

We have met Dr. and Mrs. Ferguson on a number of occasions since then. It was

sad to find him in failing health two years ago and now the world is made poorer by his passing but was made richer by his presence. Our sincerest sympathy is extended to Mrs. Ferguson and her children. We sorrow with them in their loss but rejoice that theirs was an opportunity to be part of the life of one of Canada's great physicians.

* * * * *

A few days ago, a friend told me of a friend of his who had given up smoking for almost two years but then began to get fat so took up smoking again in order to reduce. There must be some better solution to the problem. The best way to reduce is to eat less. If properly done, this is a harmless procedure. Indeed, it saves you money if you are buying the food you eat. The other method of "smoking to reduce" costs you money—about \$150.00 a year at one pack of cigarettes a day. In addition, according to a recent study from the Department of National Health and Welfare the excess of deaths of all smokers over the expected number of non smokers is as follows: for lung cancer 454%; coronary heart diseases, 39%; and other heart and blood vessel diseases 47%. If you want to weigh less it would be cheaper, surer, and safer to chop off a leg—but who, in his right mind, would suggest such a simple solution!

* * * * *

The following quotation, which is of some historical interest, is from a Sydney paper of May, 1911, and indicates that our Cape Breton friends were among the pioneers in the field of tuberculosis in our Province.

"ANTI-TUBERCULOSIS ASSOCIATION"

"A delegation of the members of the Sydney Women's Branch of the Cape Bre-

(Continued on page 23)

Institute of Pastoral Training

by Beverley Day Burlock

In the summer of 1951, an instructor with an idea and four students who believed in this idea went from Wolfville to the Victoria General Hospital in Halifax. There they commenced to take a twelve week summer course, having previously registered with Andover Newton Theological School in Newton Center, Mass., for the purpose of obtaining academic credit.

This was the beginning of the Institute of Pastoral Training; the only one of its kind in Canada. The instructor was Rev. Professor Charles Taylor of Acadia University.

Still facing some skepticism and resistance in some quarters, the clinical pastoral training course was offered at Acadia during the next year. In fact, one pastor cynically referred to this theological education in a hospital setting as "bed pan evangelism". In 1954 the first summer course was given at its present location, the Nova Scotia Sanatorium in Kentville.

Talks were held during 1956 and 1957 by the heads of the three theological schools in Nova Scotia, Dr. Watson Kirkconnell of Acadia, Dr. C. M. Nicholson of Pine Hill Divinity Hall in Halifax and Canon H. L. Puxley of the University of King's College in Halifax, representing respectively the Baptist, United Church and Anglican traditions.

They discussed the possibility of developing a joint training program and this culminated in the formation of a Council of the Institute of Pastoral Training which met for the first time on October 30, 1957 with representatives present from the three institutions. During the 1958 winter session of the Nova Scotia Legislature, the Institute was incorporated, with Canon Puxley as its first president. Headed now by Dr. J. E. Hiltz, Medical Superintendent of the Nova Scotia Sanatorium in Kentville, N. S. the Institute's governing body is made up of some twenty-seven members. These represent top professional people in the fields of medicine, mental health, business, law, government, social work, corrections, and the ministry.

The purpose of the Institute as set forth in the Act of Incorporation was sixfold. (1) To promote, by every possible means, co-operation between the church and social agencies in ministering to the needs of individuals. (2) To bring pastors and theological students face to face with human

"misery" as it exists both in and out of institutions through clinical training courses for pastors and theological students under expert guidance in hospitals, mental hospitals, reformatories and juvenile courts, home for the aged, institutions for the treatment of alcoholics, rural centres, and social agencies of all sorts. (3) To train selected clergy to become qualified teachers of social subjects in theological colleges, directors of clinical training courses and institutional chaplains; also, in some cases, to become experts in particular sections of the field, for example, mental health or alcoholism, where the church may have a significant role to play in partnership with the secular professions. (4) To produce teaching materials, including text books, case histories and similar materials, for use in theological colleges and schools of social work. (5) To promote workshops for clergy and social workers of local areas. (6) To establish a library and reference centre at the Institute offices.

The Institute took over the summer courses previously started by Professor Taylor. Later the faculty of medicine of Dalhousie University in Halifax and Presbyterian College of Montreal nominated representatives to the Institute, while the Roman Catholic archdiocese of Halifax sent "observers" only. The first course was given in co-operation with Andover Newton Theological School, pioneers in this field in North America, and this school has continued to co-operate with the Institute after its incorporation.

Grants are made to the Institute by the three Nova Scotian theological schools and the project also receives a yearly grant from the F. C. Manning Charitable Foundation.

This interdenominational Institute, open to all pastors and theological students, is a pioneer project in Canada. While other centres have now developed for clinical pastoral training, this is the only institute or program that is concerned at the community level with religion and mental health of the clergy and those under their pastoral care.

Ten students received certificates at the closing of the 1962 summer course at which the training was supervised by three instructors: Rev. Professor Charles Taylor of Acadia University, Rev. Professor R. J. R.

Stokoe of the University of King's College, who also serves as Chaplain to the Nova Scotia Hospital in Dartmouth, and Rev. S. M. MacDowell, Chaplain, Verdum Protestant Hospital, Montreal.

This summer session in Clinical Pastoral Training not only gives excellent theoretical background, but practical application at the same time. An orientation period at the beginning of the work seeks to give to the student a sense of poise in the hospital setting. It further allows him to view at first hand the work of scientific medicine.

Lectures initially deal with the scientific methodology of counseling. Complementing these are tape recordings of sessions in pastoral counseling which the student learns to criticize constructively. Other lectures focus on the unique spiritual resources of the pastor in his helping ministry.

As the work progresses, attention is given to the understanding of the dynamics of human personality. Particular emphasis is placed upon the pastor's recognition of the more gross symptoms of mental illness. Guest lecturers in the field of psychiatry assist in this area of the work.

Seminars lie at the core of the course and help the student in the pastor-patient relationship so that he may become a more effective channel for the communication of the Gospel. From time to time members of the medical team are invited to share in these seminars.

Role playing is another key approach and in the healing process were at least two of the objectives. Above all, stress was placed upon the realization that, in the normal course of events, no one profession can provide the whole answer for any individual. extensive use is made of this method of teaching. Each student is asked to do research on a specific problem which might emerge in pastoral care and to work up for class presentation the role of a parishioner with this problem.

Other aspects of the course include daily visitation on the wards, selected reading, and individual supervisory conferences.

Advanced work is offered for a limited number of students who have already completed an initial training period. Scholarship assistance is offered by Anglican, United and Baptist groups.

The committee on curriculum includes Rev. Mr. Taylor, Rev. Mr. Stokoe, Dr. Gordon Hatcher of Dalhousie University, Faculty of Medicine, and Dr. J. E. Hiltz, Superintendent of the Nova Scotia Sanatorium, now President of the Institute.

Both teaching staff and student body are interdenominational in their make-up. Students include pastors, theological students, chaplains from the Army and Navy and deaconesses. To date they have come from eight provinces, from the United States, and from several foreign countries.

It is anticipated that additional training centers will be established elsewhere when funds become available. The Institute will seek to promote these wherever it is indicated that a need exists. In particular, it is desired to open training units immediately in the area of ministering to the mentally ill, to alcoholics and to delinquents.

The scope for this training is reflected not only in the statements of pastors who feel the need for further training to deal with many of the adjustment problems of men and women, but also by the increasing incidence of mental illness revealed in official government statistics. For instance, one report issued reads: "Mental illness is Canada's most serious health problem. Over 60,000 mentally ill and mentally defective persons are patients in institutions." It is estimated that at any given date mental hospital patients account for almost one-half of all persons hospitalized in Canada.

The Institute feels the thousands of clergy in Canada when properly oriented in their thinking will be more effective in preventing this rising incidence of mental and emotional illness.

Following are some comments of persons who have completed the course at various times.

"The course is excellent in conception, content and leadership. As total stimulation it makes for a most invigorating summer; as training it leaves one wondering at his ministry so ill-equipped in what are now widely tested and accepted ways of helping people spiritually. Every minister and church worker without exception should acquire this kind of training."

"I learned much and could only wish that I had learned it ten years ago."

"A course of this kind not only suggests new techniques to the pastoral counselor, it holds the mirror up to him. It compels him to face himself and his own forms of self-deception, and to examine his motives. There was a certain antiseptic quality about the fellowship in class which helped one to be more scientific in looking at himself. We became aware of our own forms of weakness and were compelled to do some self-appraising. Yet it was not apart from the gifts and graces of the Christian faith."

(Continued on page 23)

The Evolution of the Nursing Assistant

Robert E. MacKenzie, R.N.
Director of Nursing Education,
N. S. Sanatorium,

In this, the year 1964 the Certified Nursing Assistant is known and respected as "a person trained to care for selected convalescent, subacutely and chronically ill patients, and to assist the professional nurse in a team relationship, especially in the care of those more acutely ill. She provides nursing services in institutions and in private homes where she is prepared to give household assistance when necessary. She may be employed by a private individual, a hospital or health agency. She works only under the direct orders of a licensed physician or the supervision of a registered nurse."

The first nursing assistants were the next door neighbours who helped out when there was illness in the home; preparing the ever present "broth," bathing and making the ill as comfortable as possible, preparing meals for the family and cleaning the house. These people were nursing and in so doing were using the best medicine ever known to man—COMPASSION. Compassion is not knowledge obtained out of a textbook but something acquired through a way of life — a way of life involving LOVE and a great deal of understanding. However, compassion is not in itself an "endall" but a beginning, and certain farsighted people realizing this and the great service properly trained nursing assistants could be to the public set about to train them.

In 1893 the first school for the training of nursing assistants was opened in New York by the Y.W.C.A. In 1907 another school opened and in 1918 a third school opened in Boston. In Canada the first school was started in the 1920's in Montreal and this was called the Parker School for Trained Attendants. It was not until 1943 that this school was recognized by the Registered Nurses Association of the Province of Quebec. There are now over 600 approved schools for the training of Nursing Assistants in North America, sixty-six of these being in Canada.

It is of interest to note that before the first World War there were only two schools in North America but that following this "war to end all wars" there has been a steady increase in training establishments. There would appear to be a rea-

son for this—and a good reason there is indeed, for it was not until this war that auxiliary personnel were used to any extent to care for patients in hospitals. These voluntary workers, known as V.A.D.'s, demonstrated their worth and it was through this that the medical and nursing professions started to consider seriously their addition to the health team.

As in all growth patterns there are ups and downs and the growth of the nursing assistant is no exception. It was not until the second World War that a concentrated study was undertaken by the Canada Committee, this being in 1941. The Committee prepared a syllabus for the training of volunteer aides who were willing to work for "so many hours a day" in hospitals. The Canada Committee was concerned with some form of formal training for the nursing assistant and with regulating their duties by licencing them. This was the turning point for nursing assistants in Canada and from here on in it was to be a steady but sometimes painful growth.

There was a further stumbling block in the belief that the shortage of nurses would be eased following the war—however by 1946-47 it was fairly apparent that this was not so and it was from this time on that the opening of schools for the formal training of nursing assistants went into full swing. In 1949 there were fourteen schools and in 1963 there were over sixty-four with a total of well over 10,000 certified nursing assistants in Canada alone, over 1,500 of them being certified in Nova Scotia which has six schools with the possibility of another to open soon.

At the Nova Scotia Sanatorium School for Nursing Assistants the students receive a course which covers a period of twelve months of theory and practical experience. The theory consists of a minimum of 380 hours, fifty-three hours more than is required by the Board of Registration of Nursing Assistants for the province of Nova Scotia.

The Certified Nursing Assistant has definitely demonstrated her place in the caring for the ill. Today they are accepted as an essential part of the health team, by the medical and nursing professions and by

(Continued on page 26)

A NURSE HAS FEELINGS TOO

Patricia Walker
Affiliate Student,
P. M. Hospital, Windsor, N. S.

Have you ever wondered how we feel
When we do the things we do?
Have you ever stopped to realize
That a nurse has feelings too?

Perhaps the smile upon her face
Is trying to hide her sorrow,
Or the heart that's light and gay all day
Will be broken before tomorrow.

A nurse awaits the minute
That a newborn takes its breath;
She calmly closes the glassy eyes
That have entered the sleep of death.

She wipes away the stubborn tear
That trickles down her cheek,
And this could happen every day
Of every single week!

In emergencies she buries her fear
And quietly bears her load,
For that is but a narrow strip
Of life's wide weary road.

She shares the hurt of the little ones
Who in the long night weep
And pats the tiny curly heads
'Til they drift back to sleep.

She sees the wasting away of time
By accidents, sickness and fear
And often has to bite her tongue
To resist a silent tear.

So if you think our hearts are cold
That's just the outer shell,
For if our hearts could only talk
They'd have a lot to tell!

Flowers have an expression of countenance as much as men or animals. Some seem to smile; some have a sad expression; some are pensive and diffident; others again are plain, honest and upright, like the broad-faced sunflower and the hollyhock.

—Henry Ward Beecher.

Hope, deceitful as it is, serves at least to lead us to the end of life along an agreeable road.

—La Rochefoucauld.

Love sought is good, but given unsought is better.

—Shakespeare

A COUNTRY BROOK

How I love the rippling rhythm
Of a little country brook,
As it kisses and caresses
Every tiny bay and nook,
As it splashes over pebbles
That are standing in its way,
And it passes through the grasses
That are waiting there to play.

Lovely flowers on its edges,
Violets, and daisies, too,
Dip their heads when it comes running
And are bathed in singing dew.

Here and there it gathers blossoms
That have fallen from a tree,
And these little petal sailboats
Bob along so merrily.

—Jessie Cannon Eldridge.

—————:o:—————

IT ISN'T COSTLY

Does the grouch get richer quicker than
the friendly sort of man?
Can the grumbler labor better than the
cheerful fellow can?
Is the mean and churlish neighbour any
cleverer than the one
Who shouts a glad "good morning," and
then smiling passes on?

Just stop and think about it. Have you
ever known or seen
A mean man who succeeded, just because
he was so mean?
When you find a grouch with honours and
with money in his pouch,
You can bet he didn't win them just because
he was a grouch.

Oh, you'll not be any poorer if you smile
along your way,
And your lot will not be harder for the
kindly things you say.
Don't imagine you are wasting time for
others that you spend:
You can rise to wealth and glory and still
pause to be a friend.

—Edgar A. Guest.

—————:o:—————

The true art of memory is the art of attention.

Many people have character who have nothing else.

DiETING has been called the penalty for exceeding the feed limit.

Hairdressing

Ann Wills,
(Ex San 1962)
Long Point, C. B. N. S.

While you are curing and looking forward to the day that you are well enough to return to work, have you ever thought of a career in hairdressing? This is an ever-widening field and now attracting men as well as women.

Leon Academy of Hair Design, Sydney, N. S. is the only school of its kind in Cape Breton. The school is owned and operated by Leon Le Lieviere. Mr. Leon also operates a Beauty Salon, where professional hairdressers are employed. He is an excellent hair stylist and business man.

My sister and I took the hairdressers course at the same time. We were in a class of about thirteen and our day went something like this:

Nine to ten o'clock class with instructor, Miss MacLean. This class included a lecture on hair cutting, tinting, cold waving or any other aspect of our work. In this class we were allowed to ask questions and discuss any problems pertaining to our work.

Ten to eleven o'clock we got our actual experience with customers, or 'models' as they were called. These models were ordinary people who took advantage of our low prices to have their hair done or have beauty treatments. Due to the fact that we were students, prices were very reasonable.

At twelve o'clock we had dinner. From one to four-thirty we continued to work on models or practice 'sketching'. Four-thirty

to five we had "clean up". This gave the students a half hour to get the shop spotless.

Each student had certain chores to do before leaving school for the day. These duties were allotted by the manager for the week. Any student leaving without doing her duties paid a fine of twenty-five cents first offence, fifty cents second offence, etc. It was the duty of the manager to see that each student had done her specific tasks.

The students each had a turn at being manager. During the week as 'manager' we greeted models, took their names, answered the telephone, made up the cash, mixed tints and gave out supplies; in so doing we learned the art of shop management.

We had a written exam each month and the pass mark was 70. The eighth exam is called the final. This exam is corrected by Mr. Leon. If the student passes he receives a diploma and the course is completed.

Students are asked to practice good shop deportment at all times, by looking and acting their best. The work of a beautician is most interesting, and I would certainly recommend this course to anyone interested.

A course in public speaking and leadership has been added recently. A professor from Junior College, Sydney, is directing it for a small additional fee. Lectures are held each Tuesday evening from six to nine.

What Happens To TB Patients?

It is only natural for anyone suffering from a long illness to be asking himself, or herself, "What's going to happen to me?"

In any big hospital, any day, there are scores of people wondering how the operation they have just had will affect their work, if the heart attack they have had will force retirement, if they will be able to recover use of a paralyzed limb after a stroke. In sanatoria, in Canada (and every other country), there are patients wondering what tuberculosis is going to do to them, to their families, to their ability to earn a living.

One thing is sure, thousands and thousands of former patients have gone back to their jobs and are still at them ten, twenty and thirty years later.

Dr. Allen D. Temple, Head of the Pulmonary Diseases Division, Department of Veterans Affairs, Ste. Anne de Bellevue, Quebec, is among those who have gone to a lot of trouble to get some definite figures. In July 1946 he and his staff started a study. In so far as it was possible they followed for five years after discharge the next 1,000 patients who came to the hospital. It takes quite a while for 1,000 patients

to enter one hospital. So the study continued to 1962.

This being a veterans' hospital there was naturally a great many more men than women patients. In fact there were only fifteen women in the 1,000. So the full story on them can be told briefly. Only one of them left against medical advice. Only one died. Of the fourteen left two are employed as secretaries and the remaining twelve are married.

It should be noted that the study began in 1946. Consequently the drugs were not playing the important part in treatment that they do today—not in the beginning.

The study kept track of those who left when the doctor thought they should for comparison of those who left *before* the doctor advised it. There were 630 who continued their treatment as long as advised and 370 who got impatient. That is a very high percentage, likely because the patients were mostly young men just home from overseas who found it harder than most to stay put. Also in the first few years of the study, drugs not being so much in use, stay in sanatoria was longer, much longer.

Of those who stayed the course three out of four were well at the end of five years. Of those who left against medical advice it was just about one out of two — 52.4 percent. Of those who completed treatment only 7.9 percent had died but of those who wrote their own discharge 14.3 percent were dead.

It should be mentioned that not all the deaths in either group were due to tuberculosis. Thirty one deaths had been from other causes. Heart attack, road accidents, drowning, cancer and suicide were among the causes of death like the rest of the population.

In fact, what the study showed in figures was what most of those who have much to do with tuberculosis had concluded from general observation—which is that those

who follow the doctor's advice and those who used their time in sanatoria to improve their ability to hold a job are more likely to maintain their health and also to make more money.

—Tb and not Tb.

————:o:————

*IT TAKES ALL KINDS—or MOTHER'S
BUSY DAY;*

The kids got up at seven
I got up at eight
The oldest dressed the youngest
While I sat down and ate.

I didn't see my hubby
He's gone before I rise
But what does it really matter?
The world is full of guys.

I drank three cups of coffee
And smoked some cigarettes
While reading Walter Lippmann
So what if baby's wet.

The telephone was ringing
While I was reading Time
I talked a while to mother
By then 'twas half-past nine.

A shower, fresh makeup,
Pink slacks and orange blouse
At last I was quite ready
To straighten up the house.

I threw the dishes in the sink.
Shoved toys and clothes in chest
At last I changed the baby
Then settled down to rest.

By two I felt creative
So got out the paint and brush
And started on a portrait
Of baby eating mush.

(Continued on page 26)

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HEALTH RAYS

VOL. 45

MAY, 1964

No. 5

STAFF

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Subscription Manager Steve E. Mullen

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EDITORIAL COMMENT

May is a month of celebrations and observances, especially in the United States and some European countries. In Canada, Mother's Day and Victoria Day are very special occasions.

Mother's Day was given official recognition by congress on May 8, 1914, the second Sunday in May, and the white carnation was chosen as the emblem.

We thought Mother's Day was something relatively new; originating in the United States—an idea put forward by a dedicated daughter, an R.N., in memory of her mother. But on doing a bit of research we find Mother's Day was observed by the ancient Greeks as far back as 470 B. C.

With the coming of Christianity this developed into worship of the Mother Church, the celebration occurring on mid-Lent Sunday, when children returned home with gifts for their parents, especially the mother.

Going back to the B.C. era we find Socrates very concerned about the youth of the day and he wrote:

"What mean ye fellow citizens that ye turn every stone to scrape wealth together, and take so little care of your children, to whom ye must one day relinquish all" Sometimes we wonder if we, as mothers, are as dedicated as we might be, or are we slipping back into the dark ages. In order to be a good mother, example is of paramount importance. Children are born imitators and what they see the parents do, they will in all probability do in later years.

If we can fit the following definition of a mother it would not leave too much to be desired:

A mother is an automatic dish-washer, seamstress, chauffeur, nursemaid, a soft shoulder to lean on and a comfortable lap to climb into. She's a broken record who chants, "Wash your ears, pick up your clothes, take a bath, go to bed, get up and get ready for school, do your home work. She is always in a hurry, out of money, under pressure and on a diet! She is a Sunday sermon come to life. She preaches what she believes and practices what she preaches except about her age.

She is a pants presser, a cookie baker, a shopper, a real handy gadget to have around the house.

To her eighteen-year-old son this mother is often exasperating, and downright confusing. On the other hand living with people who are children is an art and one has to have talent to do it. A talent not necessarily born with, but acquired through patience, love and understanding.

-----:o:-----

THE LIVING LESSON

From nature I have learned to wait
Serenely --- for the long years take
No charm away from skies and seas.
A freshness floats on every breeze,
A newness ever crowns the land,
Where flowers or snowflakes understand
That perfect peace, which is in truth
The secret of Eternal Youth.

—Charles Bowman Hutchins.

New occasions teach new duties, time makes ancient good uncouth; They must upward still and onward, who would keep abreast of truth.

—Lowell

TELL MOTHER I'LL BE THERE

Everybody knows that William McKinley, throughout his life, was especially devoted to his mother. What everybody does not know is that, every day of his mother's life, when McKinley did not see his mother, he either wrote or telegraphed her. As lawyer, Congressman, Governor of Ohio, and President of the United States, this was his unflinching practice.

In mid-October, 1897, McKinley quietly slipped out of the White House in Washington and took a train for Canton, Ohio, so that he might walk to church with his mother once more, as he and his brothers and sisters had done, every Sunday in their youth. On Sunday morning the spry little woman of eighty-seven smiled proudly at her neighbours as she walked beside her son on the way to church. This was a happy day for her and for the President.

When "Mother McKinley" became ill during the winter of 1897, the President had her home in Canton connected with the White House by special wire, and he kept a special train standing by under full steam, so that he might hurry to her side whenever needed. One night, when "Mother McKinley" kept calling persistently for William, her attendants wired: "Mr. President, we think you had better come."

Immediately the answer flashed back from the White House: "Tell Mother I'll be there!"

On Sunday afternoon, December 12, 1897, Nancy McKinley, with a radiant smile on her face, breathed her last in the strong arms of her big 54-year-old son, the President of the United States. For fully an hour after her passing, he sat quietly at her bedside, in silent communion.

When hymn-writer Charles M. Filmore read newspaper accounts of McKinley's telegram to those at his mother's bedside, he

was inspired to write the words and music for the popular hymn, using for his title and for the oft-repeated refrain the words of the President's message, "Tell Mother I'll be there!"

—SoCaSan Piper.

_____o:_____

HAZELWOOD HOSPITAL — 1914-1915

The first Halifax hospital for the care of tuberculous patients was opened in the year 1914. It was named "Hazelwood Hospital" and occupied the building formerly owned by the late Dr. Flynn. This was situated near the head of the Northwest Arm between what is now MacDonald Street and the Canadian National railway tracks. The Hospital provided thirteen beds contained in one ward downstairs and one ward plus two single rooms upstairs.

The Hospital staff consisted of the Matron who provided both nursing care and looked after the administration, a cook and a utility man, both of the last named having been patients at the Nova Scotia Sanatorium, then known as the Provincial Sanatorium. Patients were admitted to hospital and provided with medical care there by their own family physicians.

In 1915 when excavations began nearby in order to construct the new railway cutting, the Hospital was closed. The patients and equipment were moved to the building on the corner of Robie and South Streets on the present City Home grounds. It still stands and in more recent years it became the residence for the Superintendent of the City Home.

The new hospital had the same bed capacity as the Hazelwood Hospital. Another nurse was now added to the staff. The hospital remained in its new location until 1919 when the City of Halifax acquired the Parker Hospital in Dartmouth and moved

(Continued on page 26)

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Chaplain's Corner

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The Other Window

A young man sat by the day-coach window. Beside him was an elderly workman. Suddenly, on the opposite track, an express train came thundering by, shaking the window glass, obliterating the countryside, and roaring like Judgement Day.

Snapping his fingers, the boy turned and glared at the workman as he gasped:

"There it is! It's always there. That's my train."

"Is that so?" returned the older man with a smile. "You look all hot and bothered about your train----"

"What I mean," the young man explained bitterly, "is that something always gets between me and what I like. It never fails. When I was a little kid, my uncle bought me a ticket for the circus, but that very day I came down with scarlet fever. When I was older I wanted to go to college, but my father died and naturally I had to support my mother and sister. And later on there was a girl----"

The older man laid his hand on the boy's shoulder as he said:

"But I still don't see what the train has to do with it."

"Well," said the boy, "a few minutes ago, I just happened to be admiring the scene—that's all. There was an old farmhouse and a clothesline with a red flannel shirt flapping against green trees, and then along came that infernal train and blotted it all out."

The other nodded thoughtfully. "That often happens," he conceded. "But did you ever stop to think that there are windows on both sides of the train? Look over there now."

And as the boy looked across the aisle and out through the farther window, he saw the open waters of the Sound, blue under the summer sky, and a young ship with an orange mast and a bellying sail, all quite lovely to behold.

"You'll often find," the old workman murmured, "that a lot depends on which way we look."

The old fellow was talking about the importance of a point of view. Much of our

happiness and our misery spring entirely from our attitude toward events. It depends on how you look at a thing — how you change it, or else how you accept it. There's no use fighting the inevitable. The only way to argue with a cold wind is to put on your overcoat. And then there's that famous prayer: "God give me the courage to change the things I can change and the serenity to accept the things I can't change, and the wisdom to know the difference."

Like the soldier who lost his arm. Or did he?

This soldier was wounded in one of the early battles of the Second World War. On the operating table in a field hospital he opened his eyes and saw a doctor bending over him.

"It's all right kid," the surgeon was saying, "you're going to get well. But I'm afraid you've lost your arm."

The soldier grinned, and in a faint voice replied: "I didn't lose my arm—I gave it."

In great matters and small, what happens to us is not nearly so important as our attitude toward it. The future of that maimed soldier was full of hope because of his positive point of view. He did not yield to despair. Every misfortune in life is an opportunity for advancement in spiritual strength for which we should be truly grateful. It all depends on how we meet God's challenge to us.

—:o:—

FOUR-LEAF CLOVERS

One leaf is for Hope, and one is for Faith,
And one for Love, you know.

And God put another one in for Luck,
If you search, you will find where they
grow.

But you must have Hope and you must
have Faith,

You must Love, and be strong, and so,
If you work, if you wait, you will find the
place

Where the four-leaf clovers grow!

Ella Hingginson
The Link.

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Question Box

Dr. H. M. Holden
Nova Scotia Sanatorium

- Q. If children are allowed to eat a lot of candy and sweets, are they more liable to develop diabetes than children whose diet is more restricted?
- A. Unless a child has an inherited predisposition to diabetes, the eating of candy and sweets would have no bearing on the development of this disease. If, however, the child should have diabetic relatives and have inherited this tendency to develop diabetes, excessive candy and sweets might promote the development of the disease, particularly if the child should be overweight.
- Q. Is it poor eating habits which cause young adults to develop diabetes or not?
- A. This can be answered similarly to the first question. Young adults with the inherited predisposition to diabetes might develop the disease earlier in life than otherwise, should they observe poor eating habits, particularly with regard to the ingestion of excessive carbohydrates. Certainly, overweight individuals are more prone to develop diabetes at an earlier age, should they have inherited this genetic trait.
- Q. Has exercise any bearing on whether a person gets diabetes or not?
- A. Only insofar as exercise may help maintain weight at a normal level in a person predisposed toward diabetes.
- Q. What are the first symptoms of the disease?
- A. Unfortunately, in the early stages there may be no symptoms. The first symptoms may include excessive thirst, excessive urination, hunger, loss of weight, easy fatigability, changes in vision and drowsiness. The excessive urination is due to the fact that the kidneys have to work especially hard in order to remove the excessive sugar from the body. The thirst is due to the extra fluid necessary to serve as a vehicle. The sugar in the blood cannot be converted in the usual manner to provide energy and hence the person suffers from fatigue. He or she is hungry all the time owing to the unsatisfied energy requirements of the body.
- Q. If a patient must take insulin injections, will he have to continue taking them the remainder of his life?
- A. In some instances it is possible for insulin injections to be discontinued following the initial regulation of the disease. This applies particularly to early cases who are overweight and in the older age groups. A child who must take insulin cannot discontinue the injections. Those individuals who are able to discontinue insulin therapy may require an oral blood-lowering drug in addition to their specially measured diet.
- Q. What is the cause of diabetes?
- A. A disorder of the large gland known as the pancreas is responsible for most cases of diabetes. This organ is situated close to the stomach and in addition to providing certain digestive juices, it also manufactures a hormone known as insulin. This substance is produced in certain little groups of cells known as the islets of Langerhans, and it is largely responsible for the metabolism of carbohydrate. When insulin is deficient in the body the level of sugar builds up in the bloodstream and cannot be used to provide for the energy needs of the body in the usual manner. This condition is known as diabetes mellitus. There may be a complete or partial absence of insulin, depending on the severity of the individual case. In some instances, an increased production of glucose by the body may also contribute towards the disease. The reason for the abnormality in the pancreas is still unknown.

—————:o:—————

PARTY

The members of the Rehab department met at Mrs. Violet Silver's Monday evening April 27 for a farewell party for Miss Grace Jones, one of our teachers who leaves us the end of April.

The evening was spent in singing old time songs, playing games and viewing film strips.

Mr. F. G. Barrett, director of rehabilitation, presented Grace with an authentic Hummel ornament, a gift from the staff. We regret that Grace is leaving and the very best wishes of pupils and staff go with her.

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Old Timers

Spring is here—we can tell by the arrival of mayflowers and daylight saving. But at the time of writing (April 29) there is still snow to be seen, in the woods and even along the highways. Crocus and daffodils and snowbanks—all blooming together! No wonder we are prone to begin our conversation with remarks about the weather,—there is plenty to be said.

Anne Marie starts off our news with an item from down Yarmouth way. Theodore Muise, who left here last Spring to return to his home in Quinan, Yarmouth County, is well. He now runs a meat market at Arcadia, which is just outside Yarmouth town.

And from down the same end of the province we have news of Desire D'Eon, who was here in 1952, and served as announcer for radio station S.A.N. Desire dropped in for a visit on his way to Amherst to attend a Credit Union meeting there. He has become very interested in the work of the credit unions, and is treasurer of the local

Pat now has a family of five. She, too, was here in 1955.

Also in for a check-up was Alice Benjamin, a 1949 patient at the San. She lives in Kentville and is the receptionist in the office of Dr. D. H. Kirkpatrick. She told of having a visit from Elizabeth Barrett, who was here in 1951. She, too, is a receptionist, at the Dartmouth Medical Centre. She looked very smart in her new car.

In the Dalhousie Alumni News we found this item about a well-known Old Timer: "Alfred C. Milner, Q. C., has been appointed chairman of a commission appointed to deal with problems between the government and the civil service of Nova Scotia. Other members of the council will be three deputy ministers and three representatives of the civil service association". Alfred was here back in the 'thirties, when he took a very active part in all San. activities. Here, too, he met his wife, then Rose Chambers. They now live in Amherst, and have a family of two sons and a daughter. Alfred has kept up his interest in the fight against tuberculosis, having recently served as President of the Nova Scotia Tuberculosis Association.

Going back to Easter, we wish to acknowledge greetings, on a very beautiful card, from Mrs. Albert Deveau, Cape St. Mary, Digby County. "Rosilda", as we know her, wishes her greetings and good wishes to be extended to the doctors, nurses and patients of the San. She says she is doing fine, and that her x-rays are good, which is very nice to hear. She accompanied her good wishes with a gift for the Sanatorium Professional, Education and Research Fund for which we thank her most sincerely.

—:O:—

He that gives good advice, builds with but one hand; he that gives good counsel and example, builds with both hands; but he that gives good admonition and bad example, builds with one hand and tears down with the other.

—Lord Bacon.

I'm grateful for all the injections that combat uncommon infections.

But why must they always hit upon the place I have to sit upon?

Every time you graduate from the school of experience someone thinks up a new course.

THIS HALF PAGE IS WITH THE
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branch in Pubnico. He still edits his small weekly, *Le Petit Courrier*, at West Pubnico.

We were glad to hear news of a 1948 patient, Mrs. Muriel Herrett. She is well and is keeping house at her home in Springhill. Another 1948 Old Timer, Leslie Boyd, dropped in last month to see Dr. Quinlan.

Anne Marie tells of seeing one of our real Old Timers in church one Sunday. Helen MacInnis Rawley, who now lives in Halifax with two of her sisters, was visiting in Kentville, where she had lived for many years. Helen, as full of life as ever, looked exceedingly well in a new fur coat, which Anne Marie declared was simply gorgeous. Helen was one of the early thoracoplasties of the San.

Dora Dauphinee Murphy, who lives in nearby Port Williams, came in for her check-up and a visit with old friends. Dora, who was here in 1955, has shed some pounds and looks very well indeed. She had recently visited Pat Winters at her home in Sackville, Halifax County, and reports that

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INS and OUTS

Admissions N. S. Sanatorium March 16 to April 15, 1964

Harold Curtis Schofield, R. R. 3, Kentville, N. S.; Alexander Henderson, R. R. 4, New Glasgow, N. S.; Jessie C. MacVicar, Catalona, Cape Breton, Co., N. S.; John Duncan Grant, 206 Marsh St., New Glasgow, N. S.; John Charles Nearing, 7½ Currie St., Glace Bay, N. S.; Charles H. Miller, Kingston, N. S.; John E. Haight, North Range, Digby Co., N. S.; Harold L. Barkhouse, Wolfville Ridge, N. S.; Edwin L. Robinson, 22 Donald St., New Glasgow, N. S., Mrs. Mabel A. Rainforth, R. R. 1, Berwick, N. S.; Sgt. Alexander MacQueen, 63 South East St., Yarmouth, N. S.; Harold L. Hodgson, Westville, Pictou Co., N. S.; Mrs. Mildred L. Fancy, R. R. 1, New Germany, N. S.; Mrs. Ilda F. Titus, Westport, Digby Co., N. S.; Frank E. Walker, 15 Prospect Ave., Kentville, N. S.; Ralph Leander Mason, 156 Broad St., Lunenburg, N. S.; Eldridge H. Ramey, Buckfield, Queens Co., N. S.; Lawrence Fleming, 52 Sussex St., Spryfield, Halifax Co., N. S.; Mrs. Jessie E. Rafuse, R. R. 1, Waterville, Kings Co., N. S.; Arm and J. Nauss, 93 Chester Ave., Kentville, N. S.; George R. Ayling, Foster St., Berwick, N. S.; James J. Comeau, Meteghan, Digby Co., N. S.; Mrs. Rachel L. Mosher, Western Shore, Lunenburg Co., N. S.

Discharges, N. S. Sanatorium March 15 to April 15, 1964

Hugh T. Cook, 36 Hillcrest Ave., Bible Hill, Col. Co., N. S.; Robert W. Ackles, 6268 Allen St., Halifax, N. S.; Mrs. Mary M. Pottie, West L'Ardoise, Rich. Co., N. S.; Roy A. O'Donnell, Stoney Island, Shelburne Co., N. S.; Arlene M. Gauthier, Naval Radio Station, Newport, Hants Co., N. S.; Brian

R. Slaunwhite, Terrance Bay, Halifax Co., N. S.; Charles W. Fond, Box 236, Antigonish, N. S.; Mrs. Mary M. Simmons, 29 Armstrong Ave., Bible Hill, Col., N. S.; Forrest L. Pye, R. R. 3, Kentville, N. S.; Rex D. McCall, Cambridge Station, Kings Co., N. S.; Judy D. Webber, Tor Bay, Guys. Co., N. S.; Gordon M. Stewart, 44 Aberdeen Ave., New Glasgow, N. S.; Mrs. Mabel A. Rainforth, Windermere, Kings Co., N. S.; Mrs. Mildred L. Fancy, R. R. 1, New Germany, N. S.; Mrs. Sarah A. Graves, 41 Tupper Road, Kentville, Kings Co., N. S.; Gail M. Smith, Indian Point, Lunen. Co., N. S.; Mrs. Beatrice E. Conrad, Middle LaHave, Lunen. Co., N. S.; Frank E. Walker, 15 Prospect Ave., Kentville, N. S.; Charles H. Miller, Kingston, Kings Co., N. S.; Lillian M. Oickle, Liverpool, Queens Co., N. S.; Joseph P. Comeau, Lower Saulnierville, Digby Co., N. S.; Mrs. Ilda F. Titus, Westport, Digby Co., N. S.; Mrs. Phyllis M. MacLellan, Newport, Hants Co., N. S.; Harold L. Hodgson, Westville, Pictou Co., N. S.; Kelley J. Leslie, 18 Greenock Drive, Dartmouth, N. S.; Mrs. Ada V. Church, Martock, Hants Co., N. S.; Gerald J. Blackmore, 15 Marriott Rd., Halifax Co., N. S.; David W. Kelly, 80 Chadwick St. Dartmouth, N. S.

Admissions to Point Edward Hospital, March 16 - April 15, 1964 (incl)

Miss Frances Ann MacDougall, Upper Washabuck, Vic. Co.; Joseph Daniel Connors, Sydney River; Lambert Robert Perry, 28 Monteith Ave., Westmount; Mary Shirley Boudreau, Petit De Grat, Rich. Co.; Harvey Spencer Miller, 853 George St., Sydney, N. S.; Mrs. Mary Gould (Andrew), Whycomagh, Inv. Co.; Mrs. Elizabeth Tompkins (David), North West Margaree; Alexander Gilmour, 8 Sunnyside Drive, Reserve; Melvin Charles MacNeil, Roaches

(Continued on page 26)

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CRACKER BARREL (cont'd.)

ton Anti-Tuberculosis Association wish to meet the women of Whitney Pier to consider the formation of a second branch of the Association in that locality.

"Through the kindness of the Rev. Mr. Bullock, who has given a free use of the room, the meeting will be held in the upper part of St. Albans Church.

"The president of the Cape Breton Anti-Tuberculosis Association, and chairman of the Sanatorium Committee have kindly consented to accompany and introduce the delegation.

"The Women's Branch hope that all who are interested in the campaign against tuberculosis will endeavour to be present at the meeting.

"By request of the Women's Branch of the Cape Breton A.T.B. Association."

* * * * *

The following quotation from Dr. M. G. Candau in the March, 1964, issue of World Health states well the position of tuberculosis throughout the world.

"At least 15 million people suffer from infectious tuberculosis in the world today. The diseases still claims more than 3 million lives each year; and these are cautious estimates of the situation. It is true that there has been a spectacular decline in tuberculosis deaths in nearly all economically developed countries. Between 1950 and 1960 the tuberculosis death rate fell from about 14 to nearly 2 per 100,000 population in the Netherlands, from nearly 21 to well below 6 in the USA, from more than 47 to less than 20 in France, and from 122 to 31 in Japan, to mention only a few examples.

"Unfortunately, the number of tuberculosis sufferers has not declined nearly as rapidly as the number of deaths, and tuberculosis still remains a grave problem even in the more-favoured countries. In the world as a whole, it can be estimated that between 2 and 3 million new cases still occur each year. In the less-developed areas of the world, morbidity statistics are not so reliable, but special surveys have indicated that one person in every hundred may suffer from infectious tuberculosis. Even more serious, up to 70 percent of children may be infected before they reach the age of 14. In India alone, for instance, there may be as many as 3 million infectious cases. In Latin America there are 600,000 known cases of active tuberculosis and probably 1,800,000 undeclared ones. The most recent World Health Organization Expert Committee on Tuberculosis laid down a criterion

by which a country could judge its progress towards the conquest of tuberculosis. The Committee felt that tuberculosis could not be considered to be eliminated as a public health problem unless the number of children who become infected before the age of 14 fell below one percent. Not a single country in the world today satisfies this condition. Yet for the first time in man's history we now possess effective weapons with which to fight tuberculosis. That is why the theme for World Health Day this year is "NO TRUCE FOR TUBERCULOSIS."

—————:0:—————

PASTORAL TRAINING (cont'd.)

"The theory was good, but the clinical end of it, with review and criticism, was most valuable. It was no holiday, but it was an experience I would not want to have missed."

"I go back to the pastorate with a new vision of pastoral work."

"It has given me an entirely new and helpful slant on the minister's role as pastor."

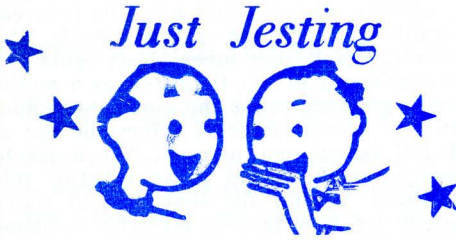
"I felt beforehand the course would give an inspiration in some definite reading and study and bring some new technique in hospital calling, but I wasn't expecting it would bring such a fine rethinking and re-defining of the whole matter of pastoral calling."

"I can conceive of no other way of learning counseling and pre-counseling as effective as this."

The Institute has also held conferences for rural pastors based at the Nova Scotia Agricultural College in Truro, and an annual conference for chaplains of all faiths from universities, reformatories, various hospitals, and the services. These are headed by Rev. E. T. McKnight, of Lancaster, N. B. and Dr. H. Grimmer of Halifax, N. S.

Said Canon Puxley, "For centuries the Church was the one institution for meeting human need, individual and corporate, in the Western world. She educated, she provided for the poor, she counselled those in sickness or distress. In the last century, secular agencies with their newly-acquired skills have largely displaced the Church in these areas. It is the purpose of our Institute to remarry the Church and the various social agencies by introducing the clergy systematically to secular skills and resources, and by reminding the secular world of the relevance of the Gospel of Christ to the work of making men whole."

In Halifax, during April, 1962, the Insti-



The young mother was shocked to learn that little Sammy had told a falsehood. Taking the lad on her knee, she graphically explained the consequences of lying.

"A tall green man," she began, "with red fiery eyes and two sharp horns grabs little boys who tell falsehoods and carries them off at night. He takes them to Mars where they have to work hard in a dark canyon for 50 years. Now, you won't tell a falsehood again, will you Sammy?"

"No, ma'am." replied the lad, "you can tell 'em better than I can."

The ferocious lion ate a bull. Afterward he felt so wonderful that he roared and roared. A hunter heard him roar and shot him. Moral: When you are full of bull, keep your mouth shut.

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The bigger a man's head gets the easier it is to fill his shoes.

Women do not talk all day, it only seems to sound that way.

A naval recruit had just finished his training and was on his first trip to sea in a hospital ship. A day later he was heard to shout frantically:

"Man overboard! Man overboard!"

The ship's engines were stopped and a feverish search was made for the man overboard.

The recruit approached the Captain timidly, saluted and said:

"I regret to report, sir, that I made a mistake when I shouted 'Man overboard.'"

"Blast these rookies," mumbled the Captain, as he ordered 'Full Steam Ahead.'

"I should have reported that it was a nurse who fell overboard, sir," continued the aspiring and perspiring recruit.

Engaged in the tedious job of hanging pictures in their new home, the couple was ready to tackle the section of the living room wall alongside the stairway. The wife, who was holding the hammer and tacks, suggested that her husband "stagger" the pictures up the stairway wall in order to achieve an unusual effect.

When a phone call interrupted the job, their six-year old son answered --- "Right now," he explained. "My father is staggering up the stairs and mother is helping him."

A Hollywood producer received a story entitled "The Optimist." He called his staff together and said: "Gentlemen, this title must be changed to something simpler. We're intelligent, and know what an optimist is, but how many of those morons who'll see the picture will know he's an eye doctor."

The proper method of giving artificial respiration to the apparently drowned can be learned very quickly and easily even by older children. The two methods most commonly used are the Holger Neilson and the new "rescue breathing," both taught by St. John Ambulance and the Red Cross.

Dept. of National Health and Welfare.

For those who are not fond of plain milk as a drink, this very necessary food can be made more attractive by making a chocolate milk drink or by using it in cream soups, sauces, puddings or other recipes. Milk, in any form, is a good source of calcium, riboflavin and protein, as well as some vitamin A, thiamine and other vitamins and minerals.

Dept. of National Health and Welfare.

A good marriage is like a good handshake—there's no upper hand.

Many a tall man is short at the end of the month.

The one person you have to watch if you're going to save money is yourself.

What we call creative work ought not be called work at all, because it isn't.

A man may have more money than brains—but not for long.

Smart aleck; A man who knows it all but has lots to learn.

PASTORAL TRAINING (Cont'd.)

tute held a four-day conference known as the Hubbards Project. It was made possible through financial assistance from the F. C. Manning Charitable Foundation Trust, the teaching contributions of the Victoria General Hospital staff, the Canadian Mental Health Association, and the Nova Scotia Departments of Public Health and Welfare.

Clergy, doctors and social workers working in a stretch of Nova Scotia's South Shore from Hubbards to Bridgewater looked at that area's social problems and sought to define the clergyman's role in the field of mental health. The idea sprang from an experiment made earlier by Chicago University's department of religion and health. Unlike conventional conferences, no attempt was made to attract ministers from a wide area. Instead efforts were made to get full participation from all clergy in one community.

It was a residential school in which clergy, doctors and social workers shared experiences in meeting local community needs and pooled their insights. A variety of specialists lectured and discussed ways of improving pastoral counseling.

Its aim was to bring together pastors from a specific area to work on ways to make their ministry more effective. In addition, follow-up conferences are being held through the year in the communities. By bringing together the pastors, psychiatrists and social workers, the Institute attempted to foster a better understanding between the ministerial and medical professions in an area in which both have a vital interest.

A greater ability among the clergy to detect incipient abnormalities so that medical aid can be enlisted before it is too late, and a better appreciation on the part of those in medicine of the spiritual emphasis Institute of Pastoral Training 3

Throughout the program, endeavour was made to keep attention focussed on the actual needs of the area and the problems which face those who seek to minister to the community there. Lectures and analysis of personal encounters in visiting were important adjuncts in following this aim.

Panel presentations discussed the social health, the physical and mental health and the behaviour problems in this particular community.

At the close of the conference one pastor said, "My conception of the doctor's role has completely changed. I have a far greater appreciation of his work. More frank discussions between ministers and doctors would be helpful. I also got to know better

my fellow clergy. We grow into closer fellowship in seeking out the needs of people."

The Hubbards Project was one way through which the Institute felt it could initiate the interest of clergy, medical and para-medical workers in a co-operative program focused on their common concerns in a specific community.

While the clergymen invited to attend the conference all served the same general geographical area, their association with each other rarely reached any deeper level. It was hoped that in the experience of working and living together during the conference, they would find a confidence and trust in each other; they would realize their problems and aspirations were essentially the same; and they might find another "brother minister" with whom they could share their own personal problems.

It was further felt the experience might help them become more aware of the "sheep on the hills" and less competitive for the loyalty of the "one" who was already in the fold.

The experience already gained showed the Institute personnel that this type of scheme is workable in principle, profitable in action, continuing in value. It is hoped each year there will be a repeated intensive training session of one week's duration, involving the pastors of churches in various areas and people in other disciplines.

A large problem, said Rev. Mr. Taylor, is that the Institute needs funds for expansion, not only for the summer course, but for the Hubbards Project and for development of courses and undertakings elsewhere. There is also a growing and pressing need for a full-time executive secretary to further its varied programs in a manner that cannot be provided by part-time staff alone, no matter how dedicated they may be to the meeting of the challenges presented.

:o:

There are three kinds of people: right-handed, left-handed, and under-handed.

An old lady who didn't follow the news too closely was horrified to learn that her grandson wanted to be an astronaut. "There have never," she explained indignantly, "been any circus folks in our family."

A sponsor's idea of the ideal TV program: An episode that gives the watcher a headache, followed by a commercial that sells him an aspirin.

EVOLUTION OF NURSING (cont'd.)

the patient; in helping to maintain, restore and improve health as well as to prolong life. In the years to come there will be further expansion of the education and of the duties of the nursing assistant.

The following quotation aptly describes what the general public desires in a nurse—"The public wants a nurse morally as pure as their uniforms are white, but the same public is ready to pin on the whole profession the sins of any one nurse. They want a nurse mentally as alert as a top executive, with the physical stamina of a long distance runner and the physical charm of a cover girl. They expect devotion to duty that involves disdain for luxuries and readiness to fulfill the role of public servant."

—————:o:—————

INS AND OUTS (cont'd.)

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Discharges from Point Edward Hospital, March 16 to April 15, 1964 (incl.)

Marilyn O'Joleck, 291 Lingan Rd., Sydney, N. S.; Katherine Jean MacLeod, Baddeck, C. B.; David F. Campbell, Main-a-Dieu, C. B.; Neil Jerome Campbell, 80 Kings Road, Dominion; Alex LeBlanc, Hankard St., Sydney; Edward George, 200 Shore Road, W. Pier, Sydney; Margaret B. MacIssac, 10 Xavier Drive, Sydney, N. S.; Mary Lillian MacDougall, Main-a-Dieu, C. B.; Margaret A. Smith, 41 High St. Sydney, N. S.; Helen Matheson, 194 MacKays Corner, Glace Bay; Angus John MacAulay, 141 Highland St., Glace Bay; Michael MacNeil, Irish Cove, C. B.

—————:o:—————

HAZELWOOD HOSPITAL (cont'd.)

its facilities for the care of tuberculous patients there.

(The above information was supplied by Mr. Arthur Pettipas, secretary of the Halifax County Tuberculosis League, to whom we express thanks for his efforts and his interest in our request for information through the columns of the Cracker Barrel. If any other readers can augment the background material we shall be very happy to hear from them. A subsequent issue of Health Rays will contain information regarding the Parker Hospital—J. E. Hiltz, M. D.

IT TAKES ALL KINDS (cont'd.)

I watched the TV movie
Put baby in her bed
Then had a TV dinner
I cannot work unfed.

At four o'clock the kids were home
O, what they had to say
About the poor unfortunate
Whose mother worked all day!

I'll never understand the ones
Who feel the need to be
Away from home and children
Rejecting family.

The kids fixed jelly sandwiches
Then ran outside to play
While I prepared for hubby's
Return at end of day.

He came at six and fixed our meal
Then put the kids to bed
While I discussed my busy day
And told him what I read.

The look of adoration
Upon his manly face
Is my reward for taking
A wife and mother's place.

— Just a Homebody
(selected)

—————:o:—————

A strange, new drug-resistant germ that causes a tuberculosis-like disease in man may come directly from chickens and other fowl.

Scientists at the University of California, Los Angeles, and the Olive View Hospital at Los Angeles, have found a marked similarity among certain bacteria from chickens and a Tb.-like germ known as the 'Battley' strain. Similar bacteria were also isolated from swine.

Conducting the study were Lois A. Scannon and Drs. M. J. Pickett, Seymour Froman and Drake Will.

The 'Battley' strain of bacteria causes progressive lung disease in humans but is quite different in many respects from the true tuberculosis germ.

The new germ has been a problem recently in many parts of the world, including the southeastern part of the United States. Drugs that have been effective against tuberculosis bacteria have frequently not been effective against the new germ.

—The Link

From the time an infant tries to get his toes in his mouth, life is a continual struggle to make both ends meet.

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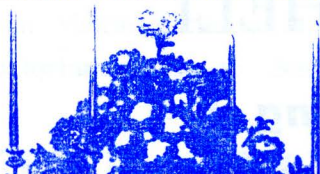
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