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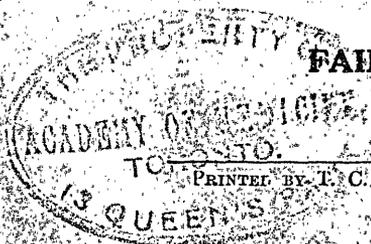
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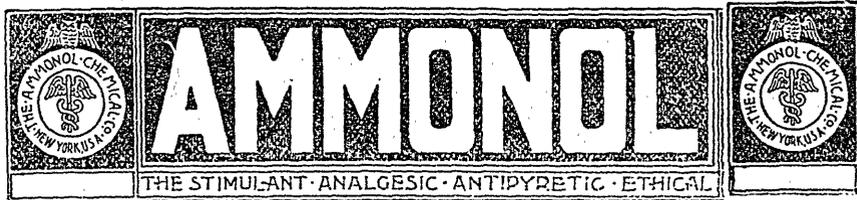
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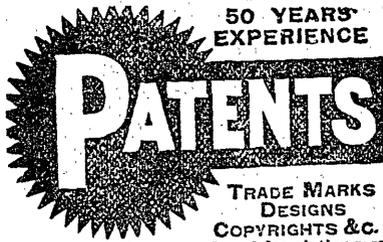
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3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics. (Pass in Medical Jurisprudence, Pathology, Therapeutics).

4TH YEAR.—Surgery, Medicine, Gynaecology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination, Applied Anatomy. (Pass Final M. D., C. M. Exam.)

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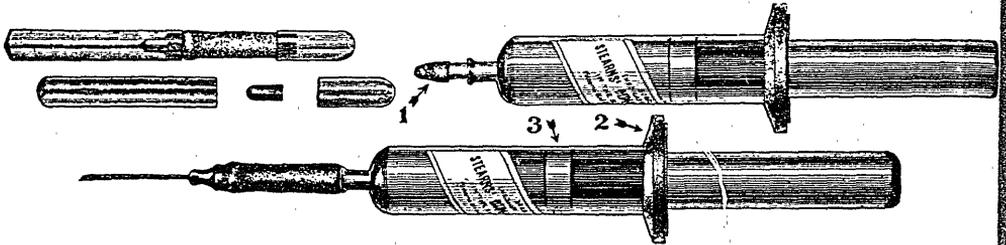
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Original Communications.

ELECTRO-THERAPY.*

By G. G. CORBET, M. D., St. John, N. B.

Mr. President and Gentlemen of the St John Medical Society :

I hope that you will bear with me for a short time this evening, while I endeavour to present to you for your consideration a form of treatment new and yet old to most of you. I will endeavor to treat our subject Electro-therapy as briefly as possible, and yet at same time as thoroughly as time will allow.

The discovery of Professor Roentgen is unique in that it interests alike the scientific and non-scientific intelligent minds of all countries. To the world of science new problems as to the constitution of matter and the innermost secrets of electricity are suggested, while to the race at large is opened up a new means of diagnosis and relief of suffering and disease in the field of surgery.

Before proceeding with our subject let us first consider the first principles, so that we can intelligently apply them to treatment of disease.

Volt equals the electrical pressure. This pressure is sometimes called tension or potential difference, or electro-motive force. It is about the electrical pressure given off from one cell of a Daniell's battery.

Ampere is the practical unit of rate of flow of electrical current.

Coulomb is the practical unit of electrical quantity.

Ohm is the unit of electrical resistance.

*Read before the St. John Medical Society.

Watt is the unit of electric power or rate of doing electrical work.

The capacity of a conductor is measured by the practical unit called *farad* which is such a capacity that one coulomb of electricity is required to produce in the conductor a pressure of one volt.

The farad is such a very large unit that for ordinary purposes we use the $\frac{1}{1,000,000}$ of a farad which we call the microfarad.

Induction may, in general, be said to be "that influence which one magnetized or electrified body or conductor may have upon another body or conductor when the two are not in actual contact." Energy is the power of doing work. It is present in some form throughout all nature. We cannot increase or diminish the total quantity of energy, we can only change its forms. There are three forms of energy, thermal, chemical and mechanical. Energy may be either potential or kinetic.

Sources of electricity may be classified under five general heads; animal, thermal, frictional, chemical and induced electricity. Do not make the mistake of thinking that there are different kinds of electricity. Electricity is always electricity whatever its source. The differences lie only in the varying effects produced by electricity generated in different ways.

Animal electricity cannot be used to produce X-rays.

Thermal electricity is produced when two unlike metals are joined at their ends and heat applied at one of the joints. The potential difference of such a thermo-couple is very small.

Frictional or static electricity. A charge of electricity produced by friction is peculiar, in that it resides exclusively on the surface of the body charged.

Chemical electricity can be divided into primary and secondary batteries. When two plates of different metals or one metal and non-metallic body (such as carbon) are placed in a liquid (called an electrolyte) and the two plates are connected together outside of the liquid, a current of electricity is generated. This combination of plates and electrolyte is known as a cell or primary (or galvanic) battery. A simple form is made by taking a plate of copper and one of zinc and immersing them partially in a solution of sulphuric acid and water. A battery may be made up of a number of these cells.

Induced electricity is produced when we move a loop or coil of wire towards or away from a magnet, or move the magnet towards or away from the loop or coil; momentary currents are induced in coil

of wire, and these momentary currents go in one direction and then in another. It is upon these principles that our dynamo-electric machines are built. We have alternating and continuous dynamos.

One of the most important pieces of apparatus generally used in production of X-ray is the induction coil. Other apparatus as static machines can be used in X-ray work, but the induction coil is by far the most satisfactory.

If a secondary coil is made to surround a primary coil which is connected to a battery or dynamo and a current is sent through the primary, then a momentary current is induced in the secondary also, that at the moment when the current in the primary ceases to flow, a momentary current is again set up in the secondary but in opposite direction. If we rapidly make and break the circuit through the primary we induce alternating currents in the secondary. X-ray work demands high potentials and small currents, so primary coil has only a few coils of coarse wire wound around it, while secondary has many miles.

The Crooke's tubes are glass tubes from which the air or gases have been extracted by proper pumps. This produces a vacuum. By a high vacuum we mean that about only one millionth part of air originally in the tube remains, as in Crooke's tubes. As low vacuum tubes we have Geissler tubes and incandescent electric lamps. In X-ray tubes (Crooke's tubes) we have two electrodes, anode and cathode. One is positive and one negative. There are many shapes of tubes. The electrodes are connected to your coil or static machine and then we will get the wonderful X-ray phenomena. Of the fluoroscope I need hardly say a word. It is simply a tube having at one end a pasteboard covered or coated with fine crystals of platino-cyanide of barium and at other end an eye piece through which we view shadows cast upon the fluorescent screen.

Matter is well known to exist in solid, liquid and gaseous forms, but we have another state of matter, the fourth or radiant state, as in Crooke's tubes, in which the molecules are relatively as far apart as compared with air as those of a gas are as compared to a liquid. Of the surgical value of the X-ray there can be no doubt. Conspicuous among the revelations of the X-ray's are those relating to normal anatomy. By its use the bones of the body may be studied and their exact relations to the surrounding structures made known, and we can get a correct idea of their relations in different positions of the body.

In pathological conditions of the bony structure we have a sure and safe guide to the exact condition of diseased part. By means of the X-rays we can detect and diagnose fractures and dislocations with a certainty ere we attempt to rectify them. We can also discover tubercular conditions of the bones. First we must know the condition of the normal bone, then we have a good guide to help us in reading the pathological condition present in disease. Reading a skiagraph to an expert is like reading a printed book to the ordinary man.

We can also discover cancer which, by destroying the bone structure, has varied its density.

The X-rays can be used in diagnosing the following diseases and many others: Stiff joints (ankylosis), fangs and roots of teeth firmly imbedded in their sockets and broken drills which have been lost can be found. Disease of central cavity of a tooth. Foreign objects in the body as bullets, etc. The soft tissues of the body will allow the locating of the principal organs, and any calculi in kidney can be seen.

The medico-legal aspect of surgical cases can be made to rebound to the surgeon's credit, if he knows the exact condition and has a skiagraph of before and after an operation, say of a fracture or a dislocation. The curative action of X-ray can not be too highly spoken of. I have seen rodent ulcers slowly heal; also carcinoma of the breast, fissure of rectum, etc., have disappeared under the intelligent use of these wonderful rays.

In tuberculosis of any part of the body, also carcinoma of the internal organs, a method in use by Dr. Morton of New York, a pioneer in this kind of work, is to my mind worthy of consideration. This procedure obviously means the illumination of the interior of tissues, as well as of the body as a whole, with light, that is to say, with that portion of the visible spectrum represented by the color of the particular fluorescence called into being, be this blue, violet or green. The catchword "liquid sunshine" has been humorously applied, and certainly it may be asserted that equivalents of portions of sunshine are, in this instance, artificially produced within the patient, and we may fairly argue that chemical and other effects are thus brought into very intimate internal relations with vital processes. This procedure involves:

- 1st. The safe introduction of solutions or mixtures, capable of exciting fluorescence or phosphorescence.

2nd. The employment of an agency, externally or internally, capable of exciting fluorescence in the introduced solutions, mixtures and substances.

The introduction of the fluorescible materials, solutions and medicines may be by the mouth, per rectum, hypodermically, by cataphoresis or by simple topical applications of washes and ointments. The agency for excitation is preferably radium, but the Roentgen radiation may be less preferably used in usual manner from outside. Solutions which may be used in this manner are fluorescein, resorcin, orcin, eosin, fraxin, uranin, rhodamin and petroleum jelly, salicin and quinine. By this method we have a chance to cure deep seated carcinoma and other diseases. You would use that substance that gives, when fluorescent, the color which is best suited for the disease, as red light for measles.

I hope that you will bear with me a little longer while I draw your attention more especially to medical and nervous conditions in which electricity will prove of benefit, as by static electricity.

The static modalities meet in a most complete and satisfactory manner for therapeutic treatment in inflammatory conditions not characterized by the presence of micro-organisms beneath the surface, or of some foreign or necrosed substance which cannot be promptly absorbed. The modalities of particular value in influencing these conditions are the wave current, the brush discharge, sparks and spray will produce the following effects :

- 1st. Normal functional activity is produced.
- 2nd. Stasis is promptly removed.
- 3rd. In acute cases the exudate which has accumulated is absorbed.
- 4th. In chronic cases fibrin and other products are separated by the vibratory action of the wave current.
- 5th. Healthy active metabolism is induced.
- 6th. If indolent or irritable ulcers are present we have anodyne, oxidizing and stimulating effects from brush discharges.
- 7th. Lowering of arterial tension.
- 8th. Contraction of arterioles in structures immediately beneath surface.
- 9th. Rubifacient effects.
- 10th. Relief of pain.

Germ life, like other forms of cell protoplasm, is but slightly affected by static forms of administration, except possibly those with which ozone may be brought in contact, and their vitality destroyed by oxidation. Ozone inhalations may be of some advantage in tuberculosis.

Rheumatism may be treated by static electricity with success. It will unlock the secretions and promote the elimination of accumulated products of defective metabolism. The modified wave currents or static induced current should be employed.

Gout may be relieved by the brush discharge.

Rheumatoid arthritis will be benefited by short sparks, ($\frac{1}{2}$ inch): prognosis fair.

Synovitis treated by wave currents, sparks and brush discharge: results fairly successful, depending on operator.

Painful neuroses of the nervous system, may be due to 1st, inflammatory conditions as neuritis; 2nd, arise from affections of central nervous system as tabes; 3rd, as a symptom of malnutrition or chronic poisoning; 4th, reflex causes and from depleted conditions, as neuralgias. Any nerve may become the site of neuritis. It occurs most commonly in the sciatic nerve.

Sciatica can be treated by wave current and sparks. Some operators claim good success, but personally I have seen just as good results, perhaps better, from other modes, of treatment, as rest, especially as when bandaged same as a fracture. I would not forget to try and use other remedies.

Brachial neuritis I believe can be best treated by sparks: prognosis good, better by this treatment than any other. A Southern physician was attending the Post Graduate Hospital when I was there, who had a very severe attack following measles. He was completely cured in two weeks by the spark treatment.

Locomotor ataxia may be relieved? Prognosis doubtful. Pain may yield to this form of treatment.

Neuralgia will rapidly yield, if at same time cause is removed. If due to malaria, cure the malaria with quinine and use static electricity in any form.

Paralysis. The prognosis will depend upon so many unknown conditions, that it should be guarded. If not of central origin it will be good. The treatment should be electrical, medical and surgical when needed.

Anterior poliomyelitis is best treated by wave currents: prognosis very favourable.

Bell's palsy is as a rule due to congestive condition. If treated by wave current and brush discharge, success will result.

Pathological muscular contractions if not over two years' standing: prognosis favorable.

Epilepsy, prognosis doubtful by this treatment alone, good when combined with other forms of treatment.

Chorea is favorably affected by static electricity, sparks excepted.

Skin affections of certain kinds can be benefited by wave current, brush discharge and high frequency (and X-rays.)

Psychical and functional neuroses; the prognosis is good especially combined with *suggestion*.

I will briefly enumerate some diseases benefited by different forms of electricity;

Sexual neurasthenia, prostatitis, constipation, insomnia, hypochondriasis, tuberculosis etc. I have covered the field of electro-therapy briefly, as best I could. It is comparatively a new field, the work as yet done is pioneer work. I have seen good results this summer from different forms of electro-therapy. While in New York, I had a good opportunity each day to watch the progress of different cases either to recovery or I am sorry to say, passed into the class of incurables.

In comparing the results of electro-therapy with other forms of treatment, medical, surgical and suggestive, I would say, try it. The per centage of cures compares favorably, when you remember that most cases are chronic cases which medicine and surgery have failed to cure; they are then as a last resort, passed over for electric treatment. Do not wait too long, try it early and your results will be good: delay till your case is incurable, then you need not expect it to do the miraculous, you need not expect a cure. This is a wide and new field. There is room for many investigators. It is on a sound and lasting basis, thanks to the pioneers, who withstood the sneers and chaff of their fellow practitioners, but they are to day reaping their reward. They are now recognized and their system of treatment also. This field is calling for workers, for more pioneer work, more investigators. Let us calmly investigate and hold fast to that which is true. Investigate.

PIONEERS OF MEDICINE IN NOVA SCOTIA. (*Concluded.*)

By D. A. CAMPBELL, M. D., Halifax, Nova Scotia.

Dr. Robert Tucker.

was appointed sheriff of Annapolis county in 1784, and he held this position until his death in 1790. There is record of R. Tucker, a physician of Wilmington, North Carolina, having his properties confiscated in 1779, and in 1781 the name of R. Tucker appears as surgeon of the King's American Regiment.

George Hinkle, M. D.,

came to Halifax at about 1793, with the 7th Regiment of Foot. A year or two later he was appointed Surgeon to the garrison of Annapolis. He remained at Annapolis for many years, and was engaged in general practice.

KING'S.

King's county has produced more medical men and has sent more doctors to Parliament, than any other county in Nova Scotia. The first practitioners in this part of the province have been already mentioned, viz., Drs. Samuel Willoughby and Edward Ellis.

Dr. Gurden Dennison,

probably a native of the Province. was elected to represent Horton in the House of Assembly in 1785 and again in 1791. I do not feel sure that he was a medical man, my only authority being Hamiltons "History of King's County."

William Baxter.

Roscoe, in his "History of King's County," says that Dr. William Baxter was born in 1753. He joined the British army in 1776 and came to Cornwallis at the close of the war. where he settled and engaged in practice. He had a diploma from a Medical College, and soon acquired the reputation of being a skillful practitioner.

He was noted for his wit and for his many eccentricities. Roscoe relates that a man named Jackson, an English settler, who had suffered from some of the Doctor's biting remarks, sought revenge in this way. One dark night he sent for Baxter in a great hurry. The roads were very bad, but the Doctor came. He was ushered into the

supposed sick room, where lo! a goose lay panting with her leg broken. The Doctor attended to the broken leg, and left the goose comfortable. When the cure was completed, a bill for eight dollars was sent to Jackson, and he could not evade payment.

To get square with Baxter, Jackson composed some verses hitting off many of the Doctor's peculiarities, and especially his fondness for the bottle. The first two verses ran as follows :

“The Doctor is a tanner by trade,
I believe his name is Baxter,
He prescribes both physic and pills,
And makes them of men's bones and wax, sir.

He heals all their putrified sores,
And cures all their drunken consumptives:
At length he makes out a long bill
And takes for it a cartload of pumpkins.”

These verses were widely circulated and, it is said, greatly injured and annoyed the doctor.

Somewhat later a Doctor Walton settled in the same district. He was a young man and did not have a diploma or license of any kind, a circumstance not pleasing to Baxter. A neighbor asked Baxter if Walton was a good doctor. The reply was—“He may be. A pig may whistle, but his mouth is not well formed for it.”

Dr. Baxter represented Cornwallis in the House of Assembly for some years. Roscoe says,—“Dr. Baxter will be long remembered in Kings county. He was kind in the extreme, never denying anyone, poor or rich the relief which his skill could afford.”

Dr. R. Walton

commenced practice in Cornwallis about 1795. He acquired a good practice, was highly respected, and reached an advanced age.

Dr. Isaac Webster

was a lineal descendant, in the fifth generation, of Governor John Webster, the fifth governor of Connecticut. He was the son of Moses Webster, of Mansfield, Windham Co., Connecticut. He came to Nova Scotia in 1791 and settled at Kentville. He married Prudence

Bentley of Cornwallis in 1794. He died in 1851, at the age of 85. Roscoe says,—“He was a stern man and a skilful doctor.” Two of his sons studied medicine. Another became a lawyer.

W. B. Webster

Was born January 18th, 1798. He died April 4th, 1861. He practiced at Kentville, and was regarded to be one of the best surgeons in Nova Scotia at the time. He was also well versed in geology. For many years he was a member of the House of Assembly, and took a prominent part in promoting measures designed to advance the interests of the profession.

F. A. Webster

Was born in 1807. He died at Yarmouth, in 1879. He graduated at Edinburgh and Glasgow. He settled at Yarmouth in 1834.

John L. R. Webster,

Son of F. A. Webster,—1835-1885—practiced at Yarmouth. Charles A. Webster, son of John Webster, born 1864; practices at Yarmouth. Henry B. Webster, M. D., of Kentville, is a grandson of Isaac Webster. His father was a lawyer at Kentville. Dr. Arthur Webster, now practicing in the vicinity of Edinburgh, G. B., is a descendant of Isaac Webster.

HANTS.

I can find no record of any medical man in Hants County prior to the advent of the Loyalists, except Micheal Head, who practiced for about twenty years, or possibly longer, at Windsor, between 1776 and 1796. Dr. Joseph Prescott was at Windsor between 1791 and 1800. The constant presence of a Garrison surgeon at Windsor probably explains the scarcity of physicians in that town and in the adjoining districts of Newport and Falmouth.

John Boyd,

A Loyalist, who first came to Shelburne, was Garrison surgeon at Windsor from 1792 until 1817. His duties would be light, and he would have plenty of time to attend to the wants of the sick in and about Windsor. His son appears to have practiced in Windsor for a short time.

Samuel Dennison,

a retired Naval Surgeon, settled at Newport at about the beginning of the nineteenth century. He had an extensive practice, and was highly esteemed for his many excellent qualities. He seems to have been a very good surgeon. He read a paper on "Placenta Praevia" at the first meeting of the Medical Society of Nova Scotia. This is the first record we have of a paper on a strictly professional subject being presented at an assembly of medical men in Nova Scotia. Dr. Dennison died at about 1856.

Two of his sons became physicians, and also practised at Newport. They were Drs. William Dennison and James Dennison.

The district of East Hants was settled by Loyalists and disbanded soldiers, and there is no account of any medical men in this district before 1800.

CUMBERLAND.

Prior to 1784, settlement in this county was confined to the fertile territory about the isthmus of Chignecio. Here we found that Michael Head began his professional career in Nova Scotia, and that his successor was Dr. Parker Clark, whose memory is preserved in the "Courts of Justice."

The Loyalists settled in great numbers in different sections of the county.

Dr. Rufus Smith

came with the Loyalists in 1784, and deserves notice by reason of his connection with a prominent Halifax family. A native of New York, he settled as a physician in Westmoreland, and was several times elected a member of the New Brunswick House of Assembly. His daughter, Fannie, married Martin Gay Black (eldest son of Rev. William Black), and the father of Dr. Rufus Smith Black, so well-known in Halifax during the latter half of the 19th century.

Dr. Rufus Smith died in 1844.

Dr. Elijah Purdy

was the eldest son of Colonel Henry Purdy, a staunch Loyalist who came with his family to Cumberland and settled at Fort Lawrence.

Dr. Purdy settled in Amherst and was for many years the only physician in that locality. He died at about 1852.

COLCHESTER.

Dr. John Harris

Came to Truro in 1778, and died there in 1802. He has been referred to elsewhere.

Dr. Eaton

Came from New England to Onslow at about 1789, and practiced medicine for some years. He was skillful as a physician, and was noted for his gentlemanly bearing. He went to Boston either on business or for his health, and there he died. His widow died at the advanced age of 105.

Joseph Murray Upham,

Was a son of Judge Upham, a distinguished New Brunswick Loyalist. He came to Colchester at about the time that Dr. Eaton left. The date of his death is unknown. His descendants still live in Colchester.

David B. Lynds

Was born in Colchester in 1781. He studied medicine with Dr. Head, of Halifax. He spent a year, or perhaps a longer time, in Philadelphia, attending the University of Pennsylvania. Dr. Page says: "Dr. Lynds was celebrated as an accoucher, and in that branch was called "very lucky. He made no pretensions to skill as a surgeon, and indeed the results of his attempts at bone-setting would not indicate that he was at all brilliant in that department. He was a most expert phlebotomist. He was most persevering in his efforts to rid his patients of their "pesky fangs," though not always "lucky" enough to get the right tooth. Chloroform and ether were altogether unknown to him. He died on June 9th, 1871, in his ninetieth year, and probably did as little harm during his long life and practice as any physician who ever lived, and that is high praise. His only daughter was the first wife of Dr. Waddel, of Truro.

He amassed considerable wealth. His notes of lectures at the University of Pennsylvania were very carefully written, and were preserved in bound volumes. When his effects were sold, these notebooks were secured by the late Dr. D. H. Muir. It was said that in cases of fever, he rarely entered the sick room, and generally carried on the consultation through the most accessible window. For many years he was the only Baptist in Truro, and suffered, in consequence, petty persecutions from his Presbyterian neighbors.

PICTOU.

Dr. John Harris

was one of the first settlers of Pictou, and he remained there until 1778 when he removed to Truro. His practice must have been very limited. There is no record of any medical man settling in Pictou prior to 1800, except Dr. Harris

Drs. John Burton and James Skinner came to Pictou early in the last century.

Dr. John Burton

No information is extant beyond that he was a magistrate and a Militia Surgeon.

Dr. James Skinner

was a native of Scotland, a son of the Rev. Donald Skinner of Ardnamurchan. He came to Pictou probably soon after the year 1800. He was for many years active, not only as a physician, but in the public business of the county, being Clerk of the Peace, and Prothonotary. He died in 1836.

ANTIGONISH.

The County of Antigonish was settled mainly by disbanded soldiers and Scottish Highlanders, the latter predominating. There is no record of any medical man living among these settlers prior to 1800. At about 1804 a small group of settlers from New Hampshire came to Antigonish, at the instance of Jonathan Blanchard, of Truro, who

was, to some extent, entrusted with the disposal of Crown Lands. These settlers all had means. One of them, Benjamin Stearns, built the first frame house in the county. Another, Thomas Symonds engaged in business.

Benjamin Stearns.

Possessed considerable medical knowledge, and, during the six years which he spent in Antigonish his services were eagerly sought for by the settlers. Dr. Page says that he came to Truro at about 1810, and that he practised medicine in Colchester while able to do so. He died at the residence of his son, Henry, in Pictou. He lived, while in Truro, on Biblehill, and there raised a family of nine children. Many of his descendants live in Nova Scotia.

Alexander Macdonald, M. D.

Dr. Alexander Macdonald was the most notable of the pioneers of medicine in eastern Nova Scoti. He was born in 1784 on the Isle of Skye, and graduated at the University of Edinburgh in 1805. Prior to studying medicine he was an officer of the 42nd Highlanders (Black Watch). His brother was a captain in the same regiment, and was with Sir John Moore in his famous Spanish campaign. He was later engaged at Quatrebas, where only Captain John Campbell was unwounded.

Dr. Macdonald was never in actual service, for after joining the regiment as ensign in Edinburgh he broke his leg on parade, and the surgeon attending him said he never would be able to march, so he resigned and took up medicine with the intention of joining the service as a surgeon. Soon after graduation, through the influence of the Macdonald of Armadale, he was appointed surgeon aboard a ship coming to Charlottetown, P. E. I., with emigrants. Doctor Macdonald and a Colonel Rankin were the only cabin passengers. The master of the ship was an awfully brutal man, and he misused the highland emigrants in every way, and there was a perpetual row on between him and Dr. Macdonald in which Colonel Rankin took the part of the Highlanders and the Doctor. The captain again and again threatened the Doctor, saying, "Wait my young cock, you will not have your d—d Highlanders and Colonel Rankin with you going

back home," as the Dr. had no intention of staying in America. Dr. Macdonald had a bill of exchange when he landed of £150 and the conditions of the country were such that he could not actually cash it. At last a man named Bannerman, a fellow countryman, told the Doctor he could fix it all right for him, and it was handed over, and that was the last he ever saw of Bannerman or his money. He was afraid to return with the captain and was consequently at the end of his tether when he heard of the Rev. Alexander Macdonald, P. P., of Arisaig, N. S., whom he knew in Skye. He went to him, was treated as a brother, and remained in Antigonish for some time. He went to Jamaica and remained there three years. While in Jamaica he had a severe attack of fever, in the delirium of which he tore up his diploma. He returned to Antigonish with the intention of going to Scotland, but fell in love and married Charlotte, the eldest daughter of Daniel Harrington, and never returned to his native land. In the early part of his practice he had many hardships to endure. It often happened that the roads, which were only bridle paths through the forest, were in winter so blocked up that he had to travel to distant parts of the country on snowshoes. Often too, he ran into great dangers, and he had many narrow escapes. One stormy night in winter he set out on horse-back to visit a patient at Cape George. Between the north and south lakes at Morristown the road, at that time, wound along the top of a cliff overhanging the sea, and, as the snow had been drifting, the road was so narrow that his path lay along the very brink of the precipice. Missing the track at this point, he and his horse were precipitated over the cliff, and fell a distance of sixty feet. The horse was killed, but the Doctor was only slightly hurt. The cliff over which he had fallen was a perpendicular wall, and, as the sea washed up to the foot of it, escape from the place seemed impossible. He walked along the shore until he found a place up which he was able to climb, and after wandering all night through the snow, arrived at a house at about daybreak.

When he came to the county there were scarcely more than a half dozen primitive bridges, and the danger in crossing streams was sometimes very great. On one occasion, going to Bayfield on the ice, he had a very narrow escape. The harbour ice was strong enough, but when he reached the bay ice a strong wind had sprung up from the westward, and it was beginning to move out to sea. By the

time that he was nearing the shore, the ice had fairly separated from the land, and it was by only a hair's breadth that he escaped being carried out into the bay.

His hardships were, perhaps, increased by his absentmindedness and his consequent neglect of comforts in travelling. Coming home from the Gulf Shore one cold winter's day he remarked to his wife on entering the house that one of his feet was quite warm, while the other was almost frozen. On pulling off his boots it was found that he had put both stockings on one foot, and left the other bare. This peculiarity of absentmindedness led to much practical joking at his expense. On one occasion, his friends, finding his horse ready saddled at his office door reversed the saddle and awaited results. Out came the Doctor, and without noticing what had been done, he mounted and rode away.

On another occasion, when he was leading his horse up the street, three friends thought it a good opportunity for a practical joke. Two of them walked beside him engaging him in conversation, while the third, slipping the bridle from the horse's head, led the animal into a yard. The doctor all unconscious, walked on until he reached his patient's house, which he entered after tying the bridle reins to a gate-post. On coming out he was surprised to find that his horse had slipped the bridle and gone off.

The Rev. Mr. Trotter, the Presbyterian minister, and a very clever man, often assisted the doctor. He had studied medicine at Edinburgh, before taking up theology. Dr. Macdonald died at about 1859. He was a man of high professional attainments and sterling character. His memory will long live in the county of Antigonish. The well known W. H. Macdonald, commonly known as Doctor "Bill," is a son, and Doctor W. Huntley Macdonald, the secretary of the Medical Society of Nova Scotia, a grandson of Alexander Macdonald.

Dr. Alexander Macdonald, in addition to his large practice, filled public positions. He was Justice of the Peace, Judge of the Inferior Court of Common Pleas, Prothonotary, Surgeon to the Militia, etc., etc.

GUYSBOROUGH.

Settlements in Guysborough were made by Loyalists and disbanded soldiers, and among them were at least two medical men.

Dr. Ludovic Joppe.

Dr. Joppe came to Guysborough in 1784 and received a grant of 250 acres of land on the shore of Chedabucto Bay. Mrs. Hart, in her history of Guysborough, when relating some incidents about the cemetery at Manchester, says: "Here also at a later date was laid to rest, the little old German, Dr. Ludovic Joppe. He was surgeon to the 60th regiment. Wonderful accounts of his skill in the healing art are yet told of him and of his pony "Lively" that so often carried him over the rough wood paths on his successful missions, by the older people. He lived at Clam Harbor and died at Thorn Hill. He probably practiced nearly forty years in the county.

Dr. J. F. Stickells,

Or Steichels, came to Guysborough with the first settlers. He built the old McColl house on the property now owned and occupied by W. H. Cunningham. It was he who had the picture of Rob. Roy McGregor painted on the wall of one of the rooms. His family were said to be notoriously extravagant, an incident having been cited where one of them wanting a duster used an expensive silk handkerchief for the purpose.

Dr. Inch

Followed Doctor Stickell's and married his daughter. When returning from the house of a friend late in the evening he was murdered. He practiced in Guysborough about twenty-five years.

Dr. Cassimire Meyer

Of Pownalborough, Maine, cannot be assigned to any county. Halifax may claim him, but a reference to the "Banks of the Sydney" would indicate that he may have lived somewhere in Guysborough or Antigonish counties. Sabine relates that he was at Halifax in 1779, and that while there he was accused of concealing deserters from the ships of war and that he was acquitted.

In 1781 he was at the British post at Penobscot. In 1789 he was again in Nova Scotia, where he had "built him a hut on the banks of the Sydney" and lived quite in the hermits style. It is said that he was the queerest of mortals. When he landed at Halifax in 1777, he marched along in all the pride of poverty and majesty of rags and patches which exhibited the various hues of the rainbow, while his broad, Dutch face, opened at the mouth from ear to ear. Over all, he wore a thread-bare scarlet cloak which had been brought from Germany nearly thirty years before.

In concluding this paper which embodies all the information I could glean respecting the pioneers of medicine in Nova Scotia, I must express my feeling of indebtedness for assistance to J. J. Stewart, Esq., President Forrest, Prof. Walter Murray, the late Senator Almon, J. S. Macdonald, Esq., Dr. Hibbert Woodbury, Rev. Dr. Willets, and Dr. Geo. E. Buckley of Guysborough.

ADDRESS OF WELCOME.

BY CLARK BELL, ESQ. LL. D., New York, Chairman Committee on Organization at opening of the American International Congress on Tuberculosis, Oct. 3, 1904, at St. Louis, and President of the Medico-Legal Society.

Ladies and Gentlemen, Officers and Members of the American International Congress on Tuberculosis, Delegates from Foreign Governments of the Western Hemisphere:

The opening of this Congress marks a new and important era in the history of the conflict with Tuberculosis and of this body, which was organized in the city of New York, in Feb. 1890, under the auspices of the Medico-Legal Society, on broad and enduring lines, and was the initial organized effort in this Western Hemisphere in that conflict with a disease that had then interested the attention of all Christendom.

The work then begun and carried on with so much energy and vigor as to enlist the co-operation and sympathy of all Governments of both the northern and southern continents of the western world, culminates to-day in an International Congress, held at the Universal Exposition, at St. Louis, summoned on the invitation of its officers sent by the Government of the United States of America, through its diplomatic corps, to every Government on both continents of North and South America, and within the waters and islands adjacent to them.

The aims and purposes of this Congress, the magnitude of its endeavor, could not be more beautifully expressed than in the splendid and sympathetic language used by the American Secretary of State, in his instructions to the American diplomatic corps, which he directed should be sent with those invitations by the American Ambassadors and Ministers.

"The Department is also advised by Mr. Clark Bell, Chairman of the Committee of Organization of the Congress, that the Executive Committee and Officers of the Congress have sent to the Government of each American Country an invitation for official representation by that Government, in the Congress; and the request is made of the Department to give such support to the invitation as it properly may.

“The humanitarian object which this Congress has in view to reach, by the discussion of scientific men, some result in arresting the spread and averting, so far as it may be found possible, the ravages of this dreadful disease which now falls with such terrible force and fatality upon the people of the Western Hemisphere, cannot but enlist the sympathy and approval of the Government to which you are accredited.

“The Department will, therefore, be pleased to have you say to that Government that this Government is in sympathy with the work of the proposed Congress, and would be pleased to learn that the Government oftook a like interest in its success by the acceptance of the Committee's invitation and the appointment of three or more scientific gentlemen to represent it at the Congress.”

The American Secretary of State went still further and directed the American representatives in foreign countries to say to the Foreign Governments thus invited :

“This Government would also be pleased if that ofcould find it convenient to comply with the request of the Committee to give the matter publicity in order that it may come to the knowledge of interested organizations and public spirited citizens of that country.”

The honored name of John Hay, the American Secretary of State, who thus placed the American Government upon this elevated, this noble plane of paternal and sympathetic action in aid of the work of this body, will be long and deservedly remembered by those now suffering from the ravages of the dread disease and by the millions who are yet to fall into premature graves in the future. John Hay's name will live associated with the progress and the glory of our country, from the administration of Lincoln, who loved and trusted him, to that of the lamented McKinley, whose administration he adorned and no one stands higher than he in the affection and confidence of the President of the United States at this moment, or of the American people than he. He deserves the highest praise, gratitude and thanks from this body, which I know I voice from every member for the aid, encouragement and sympathy given our officers by the Department of State of the American Government, in insuring the splendid success that has crowned our labors.

Few will comprehend the effect upon the progress of the world's civilization of such unprecedented governmental active sympathetic action, as our organization has received at the hands of the American Government as it marshals its forces, which combines all the learned professions, the scientists, statesmen, legislators, and the intelligent laity, in this grand effort of devising the best means which human endeavor can hope to accomplish, by preventive legislation, in arrest-

ing the terrible destruction of human life from this one cause and of averting for the future this dreadful devastation with which the human race has been confronted in the past.

The first fruits of the governmental sympathy came from the Management of the Universal Exposition, which, on learning that our body had announced that its Congress would not only be held in 1904, but that it would be held in St. Louis, invited us to hold our meeting under its auspices and proposed to organize it as an International Congress under its auspices.

This invitation was accepted by our Management, and the President of the Universal Exposition appointed a Committee on Organization for that purpose and assured the members of that committee that every assistance and encouragement within the power of that body would be thrown to aid our endeavor.

It will be well to remember that this Universal Exposition had then already organized an International Medical Congress, to be held under its auspices, at St. Louis, at which it was expected that the medical aspects of Tuberculosis, its treatment, pathology and bacteriology would be discussed from medical standpoints, and that the Committee on Organization and all other committees and Foreign speakers had been, not only selected, but announced.

It is an open secret that this splendid work, so creditable to the medical profession, was frustrated and finally abandoned through the action of a few impracticable and dissatisfied medical men, and for which the Management of the Exposition were in no wise responsible.

It is also well known that by concerted action of those who were responsible for the overthrow of the efforts of the Exposition to have such a congress at St. Louis, and with such medical aid as they could control, it was determined by them that no Congress against Tuberculosis should be held at St. Louis in 1904, if they could in any way prevent it.

Both the Management of this body and that of the Universal Exposition well knew of this hostility when the Committee on Organization of this body was appointed.

The Committee on Organization of this body decided to ignore and disregard and overcome this hostility. They believed that the American people and the best men in the profession desired that a Congress should be held at the Universal Exposition at St. Louis.

That the exigences of the hour demanded it, and that no more fortunate selection could be made than St. Louis, where all the world was to meet at this Exposition, which was so splendidly sustained by the Government of the United States, as well as by its influence as by its financial aid.

The Management of the American International Congress on Tuberculosis congratulates the Management of the Universal Exposition on the magnificent success that has crowned its labors. I voice the unanimous sentiment of this Congress, its officers and members and of the Committee on Organization, which President Francis named when I assert that we are proud, that we have met under its auspices.

The Exposition, in which this Congress meets, is a monument to the energy, the industry and the grand and splendid capacity of its officers.

It has had no parallel or equal in any effort that has ever preceded it in the days of modern civilization, and I feel confident that this must be the judgment of every unbiased mind who has seen its wonderful exhibit.

In the name of this Congress I extend a hearty welcome to all the delegates from Foreign Governments, whose delegates are with us, to the still large number, whose hearts, voices and pens are in sympathy with us and now on our lists as soldiers in this conflict, but unable to be present. Our absent friends and others outnumber by far those here assembled.

Our thanks are due to those Governors of American, Cuban, Mexican, South and Central American States, Canadian and other Provinces, who have accepted honorary official positions in this body, and to those of our members who cannot come, but whose hearts are with us now as we meet for conference and for action.

As the President of the Medico-Legal Society, I welcome you and congratulate that body and every one of its officers and members, that the successful opening of this Congress, in this place and presence is the culmination of a noble, a humane and a praiseworthy purpose, which animated those who founded this organization in 1900, in which students of Forensic Medicine could combine with men of all professions and which has received such support as you now see manifested at its auspicious opening.

NOTES ON THE SURGICAL TREATMENT OF PUERPERAL SEPSIS.*

By H. E. KENDALL, M. D., Sydney, C. B.

During the first few days after labor it is not quite safe to give douches, unless one can be sure that asepsis is carried out in the procedure. After four days however a vaginal douche for the comfort of the patient may be given by an untrained person with comparative impunity.

Whenever symptoms of sepsis appear, if they are mild the nurse is generally instructed to give a vaginal douche with some antiseptic solution. This treatment disposes of mild cases. Should the case demand the personal attention of the doctor in charge, the vagina should be inspected, a speculum being used. If it is torn, or greatly bruised, and looks necrotic and patchy in places it should be remembered that peritonitis can occur from such vaginal condition direct the infection being carried by the vaginal lymphatics. It will be well then not to take too much account of the uterus until faithful washing of the vagina has been tried. In such a formalin douche given every two hours will often control the spreading infection. Such cases as the above are not at all common.

If a chill has occurred and on inspection the vaginal wounds cannot be regarded as the cause, then the uterus must be looked to.

A single intra-uterine douche will often cause so marked amelioration of the symptoms that the case may be regarded as cleared up. These are cases of putrid endometritis with poor drainage. The douche P. R. N is all that they require. Should the symptoms be alarming and the first douche produce no effect; or produce a chill shortly afterwards, then the uterus must be cleared out more thoroughly. Just here comes the temptation to curette. There are a few cases in which a curettage will be followed by good results but they belong to the above mentioned class and would have done as well or better by simply douching. In the severe cases a curettage does harm always. This position is now scarcely ever questioned although the curette was a very favorite weapon for a few years. What should be done instead? The patient being anæsthetized, the

whole hand is introduced into the vagina, and one or two fingers into the uterus. With the other hand on the fundus for counter pressure the whole inside surface of the uterus can be explored, and all clots, membranes and pieces of decidua removed. The cavity is then douched and a very large drainage tube left in for both drainage and stimulation. If after this the case does not now progress favourably and that very quickly, the infection is deep seated and peritonitis is underway. No time should now be lost before putting into practice the next procedure. To call attention to it is the principal aim of these notes. It is at once simple and efficacious, easily done and far less blood-letting than a curettage. It is the operation of opening the posterior culdesac of Douglas. Prior, of New York, originated it and has done it over twenty times with the best of results. The writer has done it twice with the same good results. Perhaps it would do no harm to write of it in detail. The patient is put in lithotomy position, the vulva and vagina being well cleansed, but no violence being done to the fragile vaginal walls. The cervix is drawn by a vulsellum and elevated to expose the posterior vaginal fold. This is cut through with knife and scissors, the cut being two inches long and being exactly along the posterior cervico-vaginal fold. The first finger of the right hand is then insinuated into the cut, the cervix being meanwhile well pulled down against it. In this way the finger tip can dissect through the loose tissue till the peritoneum is felt against it. This is now to be snipped by long blunt scissors between the index finger and the posterior uterine wall. Just here a small gush of fluid will tell that the peritoneal cavity has been opened and that peritonitis had already set in. The opening is now enlarged by separating the two index fingers. Two long specula are now used, or a long bi-valve, will do and between the blades a fairly large piece of sterile gauze is put up through the opening as far as the fundus of the uterus. This gauze should be spread out as widely as possible and form a bed for the uterus to rest in. It is removed in five or six days, and a fresh piece, smaller, replaces it.

This procedure is equally applicable to cases of peritonitis following early abortion, but in these cases the uterus should be curetted besides. In fact, it is applicable to all fresh cases of pelvic peritonitis that call for operating interference.

While on the subject there is one class of full term puerperal cases that respond well to the application of the sharp curette.

When a septic endo-metritis has lasted *intermittently* for three weeks or a month, and, the uterus being pretty well retracted, there is beginning exudation around the organ, a thorough use of the curette will clear up the trouble, for there has been some interference with drainage at the internal os. It is sometimes a thickening of the mucous membrane at this point, in others a retroflexion preventing drainage.

Even in these cases, however, if the symptoms are severe it would be better to open the culdesac also. It will be seen that this plan of treatment covers all the commoner kinds of puerperal fever, except venous thrombosis, which fortunately, is more rare. By the early adoption of the Prior operation there should be no cases of general peritonitis.

CONSUMPTION.

ADDRESS ON OPENING OF CONGRESS, ST. LOUIS, MO.

By N. K. FOSTER, M. D., Secretary California State Board of Health, Vice-President for California American Congress on Tuberculosis.

Consumption is a subject of ever increasing interest to California. With over a thousand miles of sea coast which is more or less damp, backed by large, dry valleys and foot hills where frost is almost unknown and high mountains reaching to perpetual snow, we have such a variety of climate that one can find his heart's desire. With the pure air, and flowers and fruit to perfection, life in the open air is a constant pleasure, but nearly a sixth of our deaths are from consumption. Why is this? It surely was not so with the early pioneers, and has prevailed only since California was advertised as a Mecca for consumptives. There is probably no better climate in the world than that of California, but climate alone will not cure consumption. Many who come to California are in the last stages when nothing can help them, and they should stay at home among friends. In one town of 8,000 inhabitants, in 1903, there were 155 deaths—80 were from tuberculosis; 75 of these were non-residents and 54 had been there less than 12 months, and 17 less than 30 days. This is only one of the many towns with a like record. Many come who

are entirely without means to procure the necessaries of life—without which even California climate will not cure consumption. These either become a public charge or soon die for want of proper care. California does not object to sharing her excellent climate with the afflicted of other States who are in condition to be benefitted by it, but does object to the sending of those who are beyond the possibility of help, and of those who must become a public charge. It is impossible for us to give the hundreds of this class who come the care they need, and without it they are far better off at home. For all this influx of cases in the last stages, our death-rate from consumption is less than in 1899, when it reached 16.7 per cent. of all deaths. In 1903 it had dropped to 15.4 per cent. This decrease can be accounted for by the active measures taken by the health authorities and the Anti-Tuberculosis League of Southern California. By laws, lectures and literature, they have educated the people to a better extent, and much is expected in the future. The State Commission in Lunacy have taken up the matter of segregation of tuberculous patients at the State hospitals. They are having a bacteriological examination made from the throats of all patients and are installing a camp at the Vendocino Hospital. This, if successful, will be followed by others. It is doubtful if the State in the near future builds a sanatorium. We already have many institutions which tax us heavily. With our pure air and delightful climate the whole State should be a sanatorium, but more and stricter laws are needed.

Laws against polluting sidewalks, cars, halls, etc.; laws requiring physical examination of teachers and scholars; laws against improperly constructed tenement houses. People must be taught the value of pure air for twenty-four hours each day. There is a minimum value in twelve hours out-door life if the other twelve are passed in the vitiated atmosphere we find in most living and bedrooms. Above all, the people must be educated to what we believe to be true—that consumption is infectious, and that only by destroying the infected sputa are we safe.

We believe that this Congress is a step in the right direction, and while we may not have accomplished all we wished, we have blazed the trail which will develop into a road leading to success. On behalf of my State, I wish to thank the officers of this Congress who have worked so faithfully and fearlessly for the good of mankind.

RECURRENT DISPLACEMENT OF PATELLA.*

By R. A. H. MacKEEN, M. D., Glace Bay, C. B.

If one formed an opinion of the importance of the affection named from the consideration shown it in the text books of surgery, he would likely conclude that either the chance of encountering such a disability was very small, or that the inconvenience it caused is trivial. On the contrary, the victims of this patella instability tell a tale of very great suffering, and are so evidently incapacitated for walking that sympathy is at once aroused.

My first case presented itself about a year ago, with the following history: A young girl of eighteen, otherwise healthy, complained that for the last seven years she has suffered from slipping of the knee cap. She has a somewhat hazy idea that previous to her first attack she fell and struck her knee, but the injury could not have been very severe, as she was not laid up by it. The attacks, at first occasional, steadily increased in frequency, until at the time the patient sought advice, she was afraid to walk any distance on account of the pain resulting from the displacement of the patella. Examination of the joint showed little to indicate the effect of this repeated displacement. There was a moderate amount of knock knee, and slight swelling round the joint. The patella ligament seemed slack, and the patella could be easily displaced to the outside, but this caused acute pain. There was no flat foot. The only relief obtainable was by bandaging the joint, the benefit being, probably, due to the bandage limiting the motion at the knee-joint. As already hinted, there is not much information or encouragement for these cases to be obtained in surgical works. Bradford and Lovett, quoted by Whitman in his *Orthopedic Surgery*, mention tightening the capsule or chiselling the bone at the insertion of the patella tendon into the tibia, and transplanting it to the inner side of the same bone.

In the *Boston Medical and Surgical Journal* of February 18th, 1904, appeared an article by Dr. Joel E. Goldthwait, of Boston, in which, after mentioning the unsatisfactory results obtained by the various methods in vogue, he described a new plan of dealing with

*Read before Maritime Medical Association, Halifax, July, 1904.

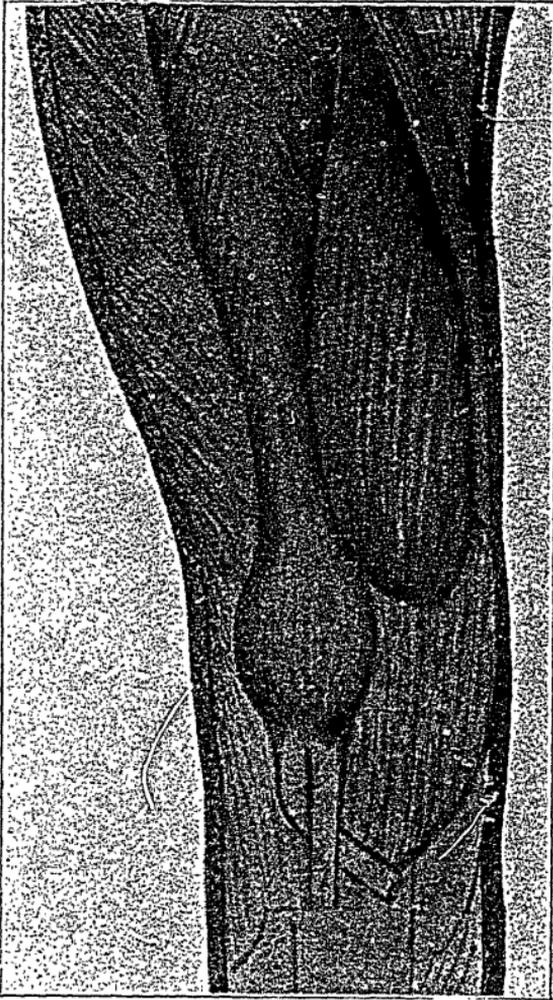


Figure illustrating Dr. MacKeen's Article.

these cases, and as his results have been so uniformly good, it will be well to give in his own words the causes which lead up to this abnormality.

“The condition is seen almost entirely in young girls or women, and is due in large part to the fact that the line of pull of the quadriceps extensor muscle is not straight—this feature being increased in its effect by an unnaturally long patella tendon, knock knee or an imperfectly developed articular surface at the end of the femur.

“The first feature of the indirect muscle pull is in part normal anatomically. The tubercle of the tibia, with the attachment of the patella tendon, is distinctly to the outside of the central portion of the patella when the knee is extended and the muscles are at rest. As the action of the muscles together with the joint motion is studied, it is seen that during flexion the patella is drawn forward over the articular surface between the condyles of the femur, and inclines slightly, but distinctly, to the outside of the median line. As extension takes place, the patella ascends, inclining slightly toward the inner side, until when extension is complete, the line formed by the origin of the rectus femoris, the centre of the patella and the tubercle of the tibia make an obtuse angle. As the muscle contracts, the natural tendency is to straighten this line, with the necessary result that the patella is drawn outward, representing as it does the only moveable point in the line.

“The lateral movement of the patella is distinct, the limit outwardly being controlled in part by the ligaments, but more particularly by the outer ridge of the trochlear surface of the femur, which is distinctly higher in its upper and anterior surface than the ridge at the inner side. Against this the patella infringes, and displacement further is impossible as long as all the parts are normal. If for any reason the line of pull becomes less direct, or the articular ridge less perfectly formed; if the capsule be weakened by the distension following some acute injury; if the patella tendon be abnormally long so that the patella is drawn above the outer edge of the trochlear surface of the femur, or if the joint can be hyperextended so that during the muscular pull the patella is lifted away from the femur—in any one of these conditions the stability of the joint so far as the patella is concerned, must be materially lessened.”

This gives a clear idea of the elements which enter into this affection, and affords a reason for confidence in the operation devised and

successfully carried out by Goldthwait in seven out of eight cases—the eighth not having been sufficiently tested at the time his report was given to make it certain.

In the case already mentioned, it was determined to try surgical measures, and the patient entered St. Joseph's Hospital in March last. The operation was performed as described by Goldthwait in the article referred to, as follows :

A longitudinal incision about four inches in length was made from below the tubercle of the tibia upwards. The patella tendon thus exposed was split in halves anteroposteriorly throughout its length. The outer half cut from its attachments was passed under the remaining portion, and attached by means of strong silk to the periosteum and the expansion of the tendon of the sartorius muscle at the inner side of the anterior surface of the tibia. The incision was closed without drainage, and the leg put up in plaster of Paris from ankle to groin—a tight gauze bandage having been first applied from the knee to the groin, to keep the quadriceps extensor at rest. At the end of six weeks all dressings were removed, and the patient allowed up. There was never any pain or untoward symptoms at any time, and now for some weeks the patient has been using the limb freely without discomfort or sign of return of the old trouble.

The transplantation of the inner half of the ligament fulfils two indications, as by its new attachment it changes the direction of pull, and inasmuch as the outer half passes under the remaining portion, the patella is tilted and brought more firmly across the articular surface of the femur.

In presenting this paper, I wish to point out that much of it is taken from the original description given in the journal mentioned, and that it may well be claimed that the case reported is too recent to be used as evidence, but taken in conjunction with the eight other cases which have been successful, no apology is necessary in offering it.

[NOTE.—Nov. 10th. 1904. The result in this case remains perfectly satisfactory at this date. There has never been any signs of recurrence or inconvenience.]

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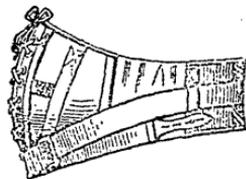
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ADDRESS.*

By G. E. DEWITT, M. D., Wolfville, N. S., Vice-President from Nova Scotia and Mayor of Wolfville.

Mr. President, Ladies and Gentlemen.

Having received an invitation from the Chairman of the Executive Board of the Congress to attend this Convention, in the capacity of delegate from the Province of Nova Scotia, I take great pleasure in responding for that Province before this body.

For several years past Nova Scotia has not been lagging in action or in considering the most effective ways and means in preventing the spread of the contagion of tuberculosis.

In the year 1900 an Act passed the Legislature of Nova Scotia, to establish a sanatorium to aid in the treatment and care of persons suffering from tuberculosis. Within the past year a sanatorium has been built and equipped by the government, at a cost of about \$25,000. The building is situated in Kentville, and capable of accommodating about twenty patients. The situation is a desirable one and suitably adapted for the purpose. Literature bearing on the subject of tuberculosis has been circulated by the Provincial Board of Health, instructing the people as to the care of sputum and how best to avoid contagion.

The Canadian Congress, for the prevention of consumption, has sent their Secretary into the Provinces, who has given practical addresses on the subject, demonstrating the nature of the disease, how to avoid and how to live so as to arrest its onset.

The medical profession in Nova Scotia, while impressed with the necessity of providing sanatoria for the treatment of consumption, realize that a constant vigilance must be maintained in the furtherance and promotion of the principles of hygiene, by teaching the people the necessity of observing sanitary law, for unless sanitary law is observed and enforced we can never hope to cope with the disease by the aid of sanatoria alone.

I am not here, however, to give or advance anything new to this widely representative convention, but to gather from better men than I, some of the good and profitably expressed thoughts of those I shall have the privilege and pleasure of listening to during the Congress.

Further on I shall be pleased, if permitted, to speak on the lines relative to the subject of the paper I have had the privilege of contributing to the Congress.

* At opening of Congress on Tuberculosis, St. Louis, Mo.

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Editorial.

ETIOLOGY AND TREATMENT OF HAY FEVER.

About thirty years ago C. H. Blackley published the results of experimental research on the causes and nature of hay fever. He studied its connection with the pollen of various grasses and flowers and demonstrated that this substance had a definite relation to attacks of the disease. In 1902 Professor W. P. Dunbar, the Director of the State Institute for Hygiene of Hamburg, published a pamphlet on the cause and specific treatment of hay fever, in which he reported the results of his investigations concerning that troublesome affection. He seems to have proved that the pollen of a great variety of cereals and grasses—rye, oats, wheat, corn, grasses, etc., is responsible for genuine hay fever. Dunbar's experiments were as follows: He took the pollen of rye and applied it to the nostrils of a certain number of persons who suffered periodically from hay fever, and also to those of others who had not experienced the disease. In the former, definite symptoms of coryza and irritation of the nasal mucous membrane followed, while the latter did not exhibit any ill effects. He also instituted experiments which proved that the effects produced were not due to mechanical irritation. The active substance contained in the pollen is soluble in tears, saliva, nasal secretion and blood serum. Dried pollen is inactive, but, when comminuted, regains its toxic power. He succeeded in isolating a toxic substance, and used this in the same way with a number of persons. Symptoms of hay fever were invariably produced in susceptible persons; the toxine

when applied to any mucous surface or injected hypodermically produced similar effects. These results would seem to settle the cause of hay fever although the nature of susceptibility is not explained.

Dunbar then undertook the production of a curative serum by following the principles of immunization. Animals were injected with pollen toxin and after prolonged injections an antitoxin developed in the serum. He found that the serum obtained from animals was capable of neutralising the toxine and protecting susceptible persons from its effects. Thus if some of the serum were added to the toxine the mixture could be introduced into the eye of a susceptible person without any ill effects. Serum from normal sources had no protective action.

Dunbar's results are confirmed by other observers. Semon has carefully tried the serum and finds that definite effects are produced. He does not regard the serum as fully curative, but some improvement follows its use. If applied early an attack may be aborted. In some cases the remedy fails. The sense of relief produced in patients is often greater than the diminution in the objective signs of the malady.

Thost, a German observer, also confirms Dunbar's results, but points out that in all cases of hay fever there is a certain element of nerve-weakness which cannot be influenced by the serum; while the cases which are complicated by morbid local conditions will need appropriate remedies for these as well as the specific remedy.

The serum is now prepared from horses and has been placed on the market. It is called "pollantin" and is supplied in small cases containing a bottle of antitoxin and also directions for its use.

Dunbar gives some reasons for the want of success which at times attends the use of the serum as a cure for hay fever. Patients often insist on sleeping with their windows open, and in otherwise exposing themselves to repeated reinfection with the toxine. They should on the contrary refrain from walks in the country at the time when they are liable to the disease, and generally avoid all opportunities of reinfection.

THE FATAL FLANNELETTE.

The fact that a large number of fatal accidents from burns occurred last winter, should appeal to the public as a great calamity. Any light, therefore, that would materially aid in the prevention of similar fatalities, should be freely disclosed. In this connection we append the following clipping from a London newspaper of last winter :

“THE FATAL FLANNELETTE.— On the body of a boy named Mashiter, an inquest was held at Blackburn, on Monday. It transpired that the child was seated near a fire with a flannelette nightgown on, when the garment suddenly caught fire, and the little unfortunate was burned to death. The Coroner: Flannelette again, and no fireguard. A guard would have saved this boy's life. This is the fourth case I have had in a week. It is a shocking state of things.”

Here the Coroner refers to a fireguard as a source of protection in a great many cases, but unfortunately many parents are not so comfortably fixed as to afford a “luxury” like a fireguard. On the other hand, when children play with lighted matches, further information should be forthcoming as to the relative safety of different kinds of clothing apparel. It is unnecessary to go beyond the limits of our city, for we can call to mind several fatal accidents from burns during the past winter. If investigation were necessary, likewise, it would be proved that flannelette was the material worn by the victim in every case, either as underclothing or nightgown. It should be impressed upon parents that flannelette is far more inflammable than either flannel or cotton. The trouble is, however, that the cost of material enters largely into consideration of wearing-apparel, particularly where the pocket can be responsible only for the actual necessities. For the sake of conviction, however, let any parent try the experiment of lighting a piece of flannelette and compare its inflammability with other materials, such as flannel or cotton. Flannelette spreads with such alarming suddenness that practically no hope of recovery can be expected when the child's clothing, made of this material, is ignited.

PRESENTATION TO DR. JAMES CHRISTIE.

Immediately after the adjournment of the St. John Medical Society, 21st December, Dr. James Christie was visited at his home by a large number of members of the Society. Dr. McCully, President of the Society, read an address in which reference was made to the excellent services rendered by Dr. Christie as Treasurer of the Society for many years, as an active member, and as one who has shown kindly and frequent hospitality to his fellow members. So much has the latter quality been manifested, that Dr. Christie has earned the title of "official entertainer" of the Society. There was also presented to him a cut glass pitcher with tumblers to match. Dr. Christie was completely taken by surprise and was evidently much pleased. A pleasant evening followed, all the profession present taking the opportunity of wishing their host many years of health and happiness.

IMPORTANT NOTICE.

The Management of the Maritime Medical News will probably undergo a change in a short time. It is, therefore, important that all Subscriptions should be paid without delay. Accounts are being forwarded, and we trust that every Subscriber will be **PROMPT IN REMITTING.**

Society Meetings.

N. S. BRANCH BRITISH MEDICAL ASSOCIATION.

Dec. 14th, Dr. W. H. Hattie, Vice-President, in the chair.

Dr. L. M. Murray read a case report from Dr. D. T. C. Watson, Physician to the Grand River Pulp and Lumber Co., Labrador. (Published in this issue of the NEWS.)

It was moved by Dr. Hare and seconded by Dr. Murphy that a vote of thanks be forwarded to Dr. Watson by the secretary, and also a request to send particulars of the case.

A discussion on "New Remedies" was opened by Dr. Goodwin. He first urged upon those present the necessity of not overlooking the old remedies and their great value. First he dwelt on the many of the newer preparations of iron, which were claimed to be more readily absorbed. The silver preparations, such as argyrol, argentamine, protargol, were much used, and in contact with mucous membranes were said to be less irritating than nitrate of silver. He mentioned that the late Dr. Farrell placed great value on nitrate of silver. Ichthyol, though not an entirely new remedy, was of decided benefit used with lanoline in superficial inflammations. Chloretone was much used and had been found very useful in persistent vomiting. Phosphorus, lecithin, glycero-phosphates, neuclein and other preparations were valuable.

Dr. Finn gave a very interesting resumé of the present status of adrenalin. It was considered one of the best cardiac and also respiratory stimulants. It was *par excellence* the remedy in surgical shock. It was best given hypodermically, as it was not absorbed in its true form in the alimentary tract. It is useful in hemorrhoids and also in local hemorrhage. In cases of hemoptysis it is contraindicated, as it raises the blood pressure and thus may induce further hemorrhage, due to its vaso-constrictor action on the terminal vessels.

Dr. Mathers mentioned that he had used adrenalin in the treatment of nasal conditions with good results. He suggested a good

way was to use the powder form and blow it over the mucous membrane.

Dr. L. M. Murray spoke of the value of serums, especially anti-diphtheritic serum which was the only one standardized, although good results had been obtained by antistreptococcic serum and others.

Dr. Ross referred to the good effect of argyrol in selected cases, especially in gonorrhoeal ophthalmia; also to chloretone in persistent vomiting. Alphozone is one of the newest remedies, and so far he had been much pleased with it as an unirritating germicide.

Several other members likewise took part in the discussion.

Jan. 4th, Dr. C. D. Murray, President, in the chair.

Dr. W. H. Hattie read a short paper on "The Brain," which was most interesting. Several excellent diagrams were shown, from which he illustrated various points in his paper.

Drs. Trenaman, Ross, Finn, Goodwin and Hawkins discussed the paper. A vote of thanks was presented to Dr. Hattie.

Dr. E. D. Farrell reported a case of scirrhus of the breast, upon which he had operated on Dec. 31st. The patient was aged 45, and a simple removal of the breast with a small portion of the pectoralis major and dissection of the axilla was done. The patient was a delicate woman with atheromatous arteries. There being no discoverable glandular enlargement in the axilla, and the tumor being small, only simple removal with part of the muscle was done. Dr. L. M. Murray examined the specimen and found the skin over the growth and the muscle beneath involved. This illustrates most clearly the vast importance of the most complete and radical operation in all cases no matter how small the growth. Dr. Robert Abbe thus sums up the progress on the treatment of cancer during the past decade:

1st. The recognition of the principle that cancer is primarily of local origin and thus a certain cure is effected when a very early operation is done.

2nd. In recognizing the enormous value of increasingly extensive operation in advanced cases; widening the field of skin removal and lymphatic dissection.

3rd. The value of radio-therapy which, though still in the experimental stage, was effecting a cure in certain cases.

CANADIAN MEDICAL PROTECTIVE ASSOCIATION.

On Thursday, December 30th, 1904, a meeting of the medical profession of St John and vicinity was called by Dr. Murray MacLaren and Dr T. D. Walker, members of the executive committee of the Canadian Medical Protective Association.

Dr. William Bayard occupied the chair, and Dr. J. Henry Scammell acted as secretary.

The chairman referred to the formation of the C. M. P. A., its aims and objects, and stated that this meeting had been called to stimulate more interest in the work of the Association by the members of the medical profession.

Dr. MacLaren referred to a late meeting of the Association at which they decided to appoint an executive committee for each province—and that for the Province of New Brunswick they had appointed Drs. Atherton, T. D. Walker and MacLaren. He also stated that the Association was formed under the patronage and with the approval of the Canadian Medical Association.

Dr. T. D. Walker also spoke at some length of the benefits derived from such an Association, and urged all to become members.

Dr. T. Walker moved the following resolution :

Resolved, that this meeting approve of the objects and aims of the Canadian Medical Protective Association. This motion was seconded by Dr. Daniel and carried unanimously.

Dr. T. Walker moved the following resolution :

Resolved, that the members of the medical profession here present pledge themselves to support the said Association and forward its interests to the best of their ability.

This motion was seconded by Dr. H. G. Addy and carried unanimously. The following committee was appointed with power to add to their number, to canvass the city and vicinity: Dr. T. Walker, Dr. M. MacLaren, Dr. J. H. Scammell, Dr. G. R. McIntosh. Dr. T. D. Walker, Dr. Curren, Dr. Wetmore.

J. HENRY SCAMMELL, Secretary.

Personals.

Dr. G. D. Turnbull, of Yarmouth, is leaving for New York to take up post-graduate work.

Dr. G. C. Jones has returned from Bermuda. We are pleased to know that Mrs. Jones, who is remaining there for some time, has much improved in health.

Dr. W. H. Macdonald, Sr., of Antigonish, was in town attending the recent meeting of the Medical Board. An interesting sketch of Dr. "Bill's" father is given in Dr. Campbell's paper on "Pioneers of Medicine in Nova Scotia" in this issue.

Obituary.

DR. JACOB D. WHITE.—The death of Dr. Jacob D. White, of St. John West, occurred on January the 4th, after a long illness. Dr. White was seventy years of age, and for about forty years practised medicine on the west side of the city.

For a number of years he was on the staff of the General Public Hospital. He was coroner and also a member of Carleton Union Lodge No. 8, A. F. and A. M.

Dr. White will be remembered by very many as a man who had many excellent qualities and a kindly nature.

Book Reviews.

Diseases of the Stomach and Intestines., with an account of their relations to other diseases and of the most recent methods applicable to the diagnosis and treatment of them in general. Lectures to general practitioners. By BOARDMAN REED, M. D., Professor of Diseases of the Gastro-intestinal Tract, etc., Department of Medicine, Temple College; Physician to the Samaritan Hospital, Philadelphia, etc., etc. Price, \$5. Published by E. B. Treat & Co., 241-243 West 23rd Street, New York.

There is no class of diseases which give more trouble to the physician or which call more insistently for relief than those which affect the digestive system. The marked departure from a sane line of diet which seems to be

a requirement of our modern civilization, has not only contributed to an increase in the number of ills which flesh is heir to, but also to the bewilderment and confusion of the general practitioner. While many of the digestive disorders do not threaten life, and may, perhaps, not even shorten its duration, they nevertheless are capable of making existence all but intolerable, and at best tend to lessen the individual's capacity for work and enjoyment. For these reasons, relief is demanded, and all too often the demand is made in vain. There can be no doubt but that the interest which has of late years been shown in the problems of nutrition has resulted in material addition to our knowledge of the conditions with which we have to contend, and consequently has added to our success in treatment. And so, while books dealing with these problems have been issued by various authors, we feel there is a distinct place for such a work as that of Dr. Boardman Reed's, which deals in a comprehensive manner with disorders involving all parts of the gastro-intestinal tract.

The first three lectures deal with the anatomy and physiology of the digestive system. The succeeding ten lectures are devoted to methods of examination, and discuss very fully the various points to be elicited by physical examination, the value of tests made and the methods of applying qualitative and quantitative tests to determine chemical sufficiency, and the examination of urine and feces. Then follows lecture XV, which is a symptomatic guide to diagnosis, and which is one of the most valuable features of the book. Several lectures deal with the methods of treatment, but the major part of the book is devoted to "the gastro-intestinal clinic," in which all the various disorders of the tract receive ample consideration.

The book is well written and practical. It embraces all of the modern methods of diagnosis which have proved to be of real service. It is quite up-to-date, too, in the matter of treatment, attaching full value to gymnastic, electrical, vibratory, hyriatic and mechanical methods, as well as to medicinal therapy. Altogether, it is an admirable presentation of our present knowledge upon this extremely important class of diseases, and will, doubtless, prove to be one of the most popular books dealing with a special subject which have thus far been published.

Therapeutic Notes.

A PROMINENT PHYSICIAN IN LECTURING ON A CASE OF SENILE PNEUMONIA AT THE PHILADELPHIA HOSPITAL, said :—" Hot flaxseed poultices, well made so as to retain their heat for four hours, were kept about the thorax during the day and at night were replaced by a lamb's wool jacket, for the better part of a week. It is important when poultices are used that they should be well made and should retain their heat for four hours, in order that the patient shall not be continually disturbed to change them.

Fever patients need rest, not only sleep at night, but rest during the day. It is rarely wise to wake the patient, either for food, for medicine, for bath, or for any other application. Save in exceptional instances, sleep will do more to favor recovery than the agent for whose sake it is interrupted. "

The time was when the above statements would have received the hearty endorsement of all thoughtful medical men. But this is not the ox-cart, candle or horse-car age. We are living in the twentieth century. The old things must be laid aside. They are valuable only as antiques.

We have the cleanly and convenient electric light instead of the greasy candle. Why not Antiphlogistine, made of cleanly and aseptic materials and capable of maintaining a uniform degree of temperature for 12 to 24 hours or more, instead of the bacteria-breeding, soggy, clammy linseed and other poultices?

Most up-to-date doctors say,—“Yes, we know all about Antiphlogistine and use it regularly as routine treatment in all cases where inflammation is present and a local remedial agent is indicated.”

Picture an individual with temperature 104° to 105° , pulse 120–140, resp. 40–70. If any one craves and absolutely needs rest and sleep it is such a patient. A linseed poultice affords a very poor means for the continuous application of moist heat, nothing more. It cannot be sufficiently well made to retain a temperature of value for more than half an hour. Antiphlogistine need not be changed oftener than once in 12 or 24 hours during which time a comparatively uniform temperature is maintained. Refreshing sleep is invited, and not hindered. It stimulates the cutaneous reflexes, causing a contraction of the deep-seated and coincidentally a dilation of the superficial blood-vessels. At the same time it attracts or draws the blood to the surface—flushes the superficial capillaries—bleeds but saves the blood.

The circulation is thus favourably affected. The aggravating symptoms are almost immediately ameliorated. Congestion and pain are relieved, the temperature declines, blood pressure on the over-worked heart is reduced, the muscular and nervous systems are relaxed and refreshing sleep is invited.

A SPLENDID MEDICINAL AGENT.—The value of ozoniferous oils, essences and ethers in the antiseptic treatment of disease, has been largely recognized and demonstrated through the extensive and successful employment of Listerine in surgery and general medicine. Listerine is the trade name or descriptive word for the most successful formula of modern pharmacy, consequently it has been utilized most extensively by medical practitioners, and “improved upon” by nearly every manufacturing pharmacist and in many retail drug establishments to an extent that does not apply to any other galenical preparation within or without the pharmacopeia. This tribute to the originality and value of Listerine is very flattering to its manufacturers, who continue to enjoy an uninterrupted increase in the output of their laboratories and a constantly widening market, so that Listerine is known and procurable in any reputable pharmacy anywhere. It advertises itself by its own good qualities; indeed the manufacturers have long ago decided that the best advertisement of Listerine—is Listerine.—*The Western Druggist*, October 1904.

Dr. Mann Page, of Warm Swrings, Va., Graduate Medical Dept. Univ. of Va., 1897, writing, says: “I have used Sanmetto in almost every case of kidney trouble that has come to me during the past year, and the results obtained in all cases from the “temporary congestion” so often accompanying “cold,” etc., to the acute and chronic cases “true of inflammation” have been most gratifying. I am now using Sanmetto in several cases of albuminuria accompanying pregnancy, with benefit to every one of the patients.

In cases of irritability of the bladder, from the least degree of this class to the most acute cases of inflammation, following the abusive use of abortifacients, Sanmetto stands alone as a speedy and safe remedy. The success of Sanmetto in the relief of the depressing sequelæ familiar to all who witness the unfortunate results of the "three days' home-gonorrhœa-cure" is great. The relief of pain and amelioration of alarming symptoms inspires confidence in the grateful heart of these victims of contagion."

AN OLD REMEDY COMBINED WITH A NEWER ONE.—The *Massachusetts Medical Journal* recently published the following, which will no doubt be interesting to our readers:—

"We believe that members of the medical profession should familiarize themselves with the combination tablet of antikamnia & heroin. The first of these, antikamnia, years ago, established a prominent place for itself as a most reliable antipyretic, antineuralgic, and general pain reliever, while heroin is, by all odds, the most efficient of recent additions to our list of remedies. The advantages of this combination are fully illustrated by a report of cases submitted to us by Dr. Uriel S. Boone, Professor of Surgery and Pharmacology, College of Physicians and Surgeons, St. Louis. We reprint three of said cases, as each has some particular feature which successfully called into use in a most beneficial manner, the synergetic action of these two drugs.

"Case I. J. P., Athlete. Suffering from an acute cold. On examination found temperature 101° with a cough and bronchial rales. Patient complained of pain induced by constant coughing. Prescribed antikamnia & heroin tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them and there has been no return of the cough or pain.

"Case II. Ed. H., age 30. Family history—hereditary consumption. Hæmorrhage from lungs eighteen months ago. His physician had me examine sputum; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on antikamnia & heroin tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights and while I am aware he never can be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

Case III. Wm. S., aged 28. Lost 20 pounds in last 30 days. Consulted me July 9th. I thought he most certainly would fall victim to tuberculosis. Evening temperature 101° with night-sweats and a very troublesome cough with lancinating pains. Prescribed 1-100 gr. atropine to relieve the excessive night-sweats and one antikamnia & heroin tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

"Neither in these, nor in any other of my cases, were any untoward after-effects evidenced, thus showing a new and distinctive synergetic action and one which cannot help being beneficial."



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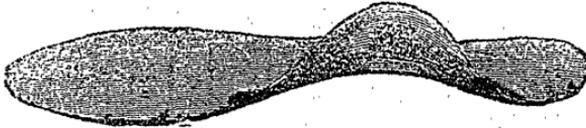
as a safe and satisfactory remedy in the treatment of menstrual disturbances is the best reason why you should at least give it a trial in your next case of Dysmenorrhea or Amenorrhea, Menorrhagia, etc. It is also indicated in the functional changes incidental to the Menopause.

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The principal orthopedic surgeons and hospitals of England and the United States are using and endorsing these Supporters as superior to all others, owing to the vast improvement of this scientifically constructed appliance over the *heavy, rigid, metallic plates* formerly used.

These Supporters are highly recommended by physicians for children who often suffer from *flat-foot*, and are treated for weak ankles when such is not the case, but in reality they are suffering from *Flat-foot.*

IN ORDERING SEND SIZE OF SHOE, OR TRACING OF FOOT IS THE BEST GUIDE.

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LACTO-GLOBULIN

BULLETIN No. 3

Report by Dr. G——, Montreal, of an interesting case of

DIABETES

F. S., clergyman, æt. 58, height 5.9, normal weight 250 lbs. June 1, 1904, had lost 90 lbs. in weight in past three months, and had an inordinate thirst for water—took frequent and copious draughts at nights. Suffered from muscular weakness; was unable to address a gathering for more than a few minutes at a time. Passed 7 litres of urine in the 24 hours, with high percentage of sugar and Sp. G. 1044.

Was placed on a diet of Lacto-Globulin 7 to 10 tablespoonfuls a day, a limited quantity of milk and some rare beef. Codeia gr. $\frac{1}{4}$ four times daily and Lithia water ad libitum. Complete physical and mental rest was ordered.

DIARY.

- June 28—Lacto-Globulin reduced to 4 tablespoonfuls per day, allowed beef steak in morning, gluten bread, lettuce and greens.
July 19—Beef twice a day, rare fish, and four tablespoonfuls of Lacto-Globulin daily.
Aug. 18—Feels stronger, and wishes to resume active work, but is allowed to attend to his duties in a limited degree.
Sept. 15—Feels well, takes considerable exercise, and attends to his regular work without any discomfort, except that of restricted diet.
Oct. 17—Has gained 10 lbs. in weight, feels perfectly well, attends to his regular work, sleeps well and looks well.

	URINE, AMOUNT.	SP. GR.	SUGAR.	FREQUENCY.
June 1, '04	7-8 litres	1044	High perctg.	Frequently in day and 7 or 8 times at night.
“ 28, '04	5-8 litres	1030	Some present	“
July 19, '04		1028	“	“
Aug. 18, '04		1022	Traces	“
Sep. 15, '04	50 ozs.	1018	No sugar	Does not have to rise at night.
Oct. 17, '04	40 ozs.	1017	“	“ “ “ “

THE ABOVE

Demonstrates that **Lacto-Globulin** is a perfect food in **DIABETES**.

It is a pure unsterilized milk albumen.

Easily digested and completely assimilated.

The phosphates act as a valuable tonic to the system.

Establishes an equilibrium between ingesta and excreta.

The enzymes aid in producing the desired physiological condition.

Invariably renders the urine neutral or slightly alkaline.

Contains no starch or sugar.

Surely the above evidence entitles **Lacto-Globulin** to a trial.

THE LACTO-GLOBULIN CO. Ltd.,

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Antidiphtheritic Serum

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in all-around reliability—

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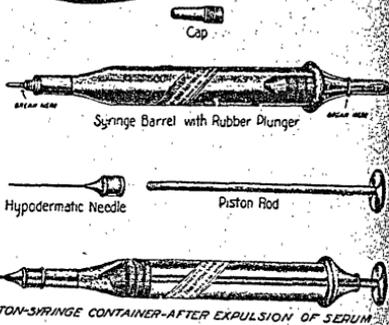
is positively without a peer. It is prepared with extraordinary care. It is rigidly tested. It is marketed in hermetically sealed bulbs that insure freedom from contamination.

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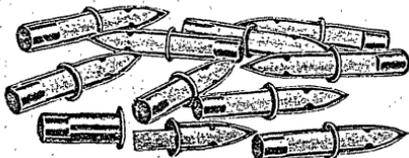
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Immunity from accident
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