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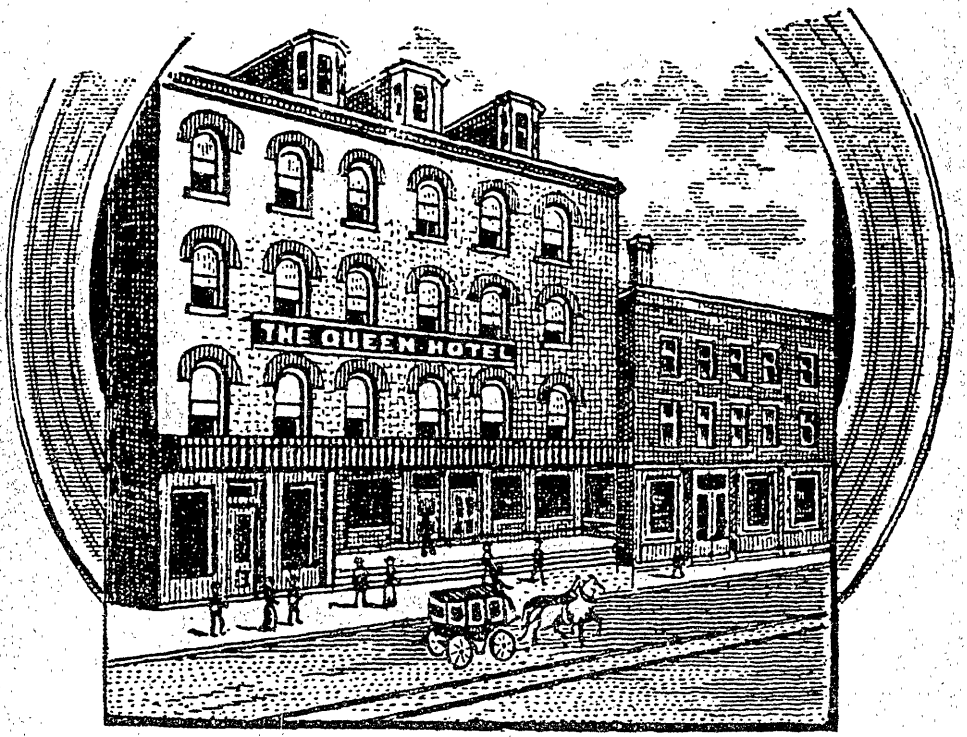

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Original Communications.

PIONEERS OF MEDICINE IN NOVA SCOTIA.*

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MR. PRESIDENT AND GENTLEMEN.—I must, at the outset, apologize for presenting a paper on a subject which is not in accordance with the purposes of this Society. We meet to acquire fresh knowledge, something to help us in our daily work, and I am fully concious of the fact that matters of antiquarian interest must seem stale and unprofitable.

It was my original intention to prepare a paper, giving some account of the Medical Society of Halifax, the first organization of its kind in the province of Nova Scotia, including brief biographies of prominent members, and a short sketch of society in Halifax, sixty years ago.

The chief reason which induced me to select the subject of this evenings paper was the information that the Medical Society of Nova Scotia intend to offer a prize for the best essay on "The Profession in Nova Scotia, prior to the organization of the Society in 1854."

I am informed that they were encouraged to take this step by a donation from Dr. Henry O. Marcy, of Boston, who was present at the last Annual Meeting of the Society at Antigonish, and who, I believe suggested the subject.

In view of these circumstances, I have thought it well to make available to intending competitors some of the material which I have

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collected, concerning the profession in Nova Scotia, from the time of first settlement down to about the year 1800, or perhaps somewhat later. In doing so I will limit my undertaking to the peninsula of Nova Scotia, leaving Cape Breton, once a separate province, to others.

Professor Allison remarks:—"The present population of Nova Scotia is not the development of a single primitive nucleus or germ, neither has it resulted from a gradual and almost imperceptible sifting of promiscuous elements. It is mainly the product of certain well-defined immigrations of considerable size, capable of being more easily traced, because as a rule, they have occurred consecutively rather than simultaneously. National or racial distinctions are still plainly perceptible, and a long period must yet elapse before the process of blending is completed."

The successive waves of immigration to Nova Scotia may be arranged as follows.

1. Acadian French, dating back to 1604, or more strictly speaking, to 1632.
2. English, when Halifax was settled in 1749.
3. German and French Protestant, 1751-53.
4. New England Puritan, 1759-61. (Pre-Loyalist.)
5. North of Ireland settlers, who came in considerable force 1761-63.
6. Yorkshire people, 1772-75.
7. The Loyalists, 1782-84.
8. Scottish Highlanders, 1773-1820.
9. Irish from south and west of Ireland, 1825-50.

The distribution and development of these race-stocks, as well as the sources of medical supply, will be briefly referred to, as we proceed

For convenience as well as for other considerations, I will arrange the material which I wish to present, covering the period from 1604 to 1800, into three parts.

Part I. The period of French occupation.

The coast of Nova Scotia was long known to fishermen and traders before any attempt was made to establish an agricultural settlement. The advantage of a permanent self-sustaining colony for prosecuting trade, occured to a Huguenot gentleman, Pierre du Guast, Sieur de

Monts, a favorite of King Henry IV, of France. He had visited Canada and was intimate with many persons who were interested in the fur trade.

De Monts, in 1603, obtained from the king a patent constituting him Lieutenant-General of the territory of Acadia, "to do generally whatsoever may make for the conquest, peopling, inhabiting, and preservation of the said land of Acadia." He also secured the exclusive right to trade with the savages in furs and other articles, for a period of ten years.

About the middle of June, 1604, De Monts, with his associates, under the leadership of Samuel Champlain, sailed into Annapolis Basin. Delighted, as it is but natural to suppose, with this charming sheet of water and its picturesque surroundings, Champlain named the place Port Royal.

One of the party in particular, a gentleman of Picardie, named Jean de Biencourt, Sieur de Poutrincourt, was so pleased with the many attractions of the place, as to desire to make it a permanent home for himself and family. He therefore requested of De Monts, and upon certain conditions received in 1607, a grant of the place, which was confirmed by the King of France.

Further exploration by the party was deemed necessary before settlement. After coasting the shores of the Bay of Fundy they wintered at St. Croix, an island in Passamaquoddy Bay, where they were decimated by scurvy. Next spring, after receiving an accession of men and fresh supplies from France, they determined to settle at Port Royal. This settlement of Port Royal, thus commenced in the spring of 1605, seems to have never been afterwards entirely abandoned, which fact makes it the oldest continuous European settlement in North America, north of Florida.

The efforts of colonization, although conducted on a small scale, was pursued with vigor, this being due mainly to the bold enterprise and perseverance of Poutrincourt and his gallant son, young Biencourt Many misfortunes overtook the colonists, and the settlement was finally broken up by an English expedition from Virginia under Argall in 1613.

The names of two medical men are associated with the Port Royal

colony—Daniel Hay, who is described as "Surgeon-Apothecary," and Louis Hébert "the Apothecary," who was noted for his devotion to agriculture.

Dr. Daniel Hay enjoys the unique distinction of being the first medical man that practised in Canada. He came out with De Monts, accompanied him on several expeditions, remained for a time at Port Royal, was with the party during the third winter, and was a member of Champlains "Ordre de Bon Temps." He evidently soon afterwards returned to France, as no mention is made of him in the early "Jesuit Relations."

Here, I may observe that Champlains "Ordre de Bon Temps" was established not solely for revelry, but was designed to prevent the ravages of scurvy.

During the first winter at St. Croix, 35 of the party of 75 died of scurvy, and half of the remainder were seriously ill. In the second winter, 12 out of a party of 45 succumbed to the disease. On both occasions it was observed that those who escaped the disease lived a greater part of the time in the open air, engaged in the pleasures of the chase.

"Of all Sieur de Monts people who wintered first at St. Croix only eleven remained well. These were a jolly company of hunters who preferred rabbit hunting to the air of the fireside; skating on the ponds to turning over lazily in bed; making snowballs to bring down the game, to talking about Paris and its good cooks."—"Jesuit Relations."

Champlain's narrative says—"We spent the winter very pleasantly and fared generously by means of the "Ordre de Bon Temps," which I introduced. This all found useful for their health, and more advantageous than all the medicines that could have been used.

By the rules of the order a chain was put, with some little ceremonies, on the neck of one of our company, commissioning him for the day to go ahunting. The next day it was conferred upon another, and thus in succession. All exerted themselves to the utmost, to see who would do the best and bring home the finest game. We found this a very good arrangement, as did also the savages who were with us."

Louis Hébert, born at Paris, an apothecary, was also one of Poutrincourts colony at Port Royal. He not only practised his profession

among the colonists and Indians, but gave up much of his time to experiment in agriculture. In the absence of the Governor he usually acted as his deputy. He remained at Port Royal until the settlement was finally broken up by Argall in 1613, when he went back to France. In 1617 he returned to Canada with his family, and at Champlain's request settled at Quebec.

He was the first settler with a family, and the first to cultivate the soil as a means of livelihood. On this account he has sometimes been called "The father of Canada."

He was in many ways prominent in the early history of Quebec. In 1621 he bore the title of Royal Procurator. In 1626 the fief of St. Joseph on the River St. Charles was granted to Hébert under the title of "Sieur d' Espinay."

In January 1627, a fall caused Héberts death. He was buried in the cemetery of the Recollets, by whom, as well as by Champlain, he seems to have been greatly esteemed. When in 1629, Quebec was taken by the English, Louis Kirk, at Champlain's solicitation sent a guard of soldiers to protect the widow Héberts house, as well as the mission chapels.

Many distinguished Canadian families trace their descent from Hébert. Bear River is believed by some authorities to have been named in honour of Louis Hébert.

After the disaster of 1613 there does not appear to have been any further attempt by the French to establish a settlement at Port Royal for about twenty years. In the meantime Sir William Alexander had obtained from James I of England a grant of the country and had established a colony of Scotch at Port Royal. This colony was, in its turn, broken up when Acadia was restored to France in 1632, by treaty. Some of the Scottish settlers, however, remained in Acadia, and subsequently mingled with the French. An evidence of this is found in the name Melanson, which is a corruption of Matheson. Between 1632 and 1638, Isaac de Razilly brought out some sixty families of colonists from France, namely farmers and fishermen, with a sprinkling of artizans. At first these located at LaHave, but soon afterwards removed to Port Royal.

These colonists came from Rochelle, Saintonge, and Poitou, on the west coast of France, a tract of country which has some features in

common with Nova Scotia. It was a country of marshes from which the sea was kept out by artificial dykes. This fact had a considerable influence on the settlement of Acadia, for the French dealt with the Acadian marsh lands as they had treated similar marshes in France. Upon the dyked marshes of Acadia they depended almost entirely for their support. These indeed were so extensive that for over a century they proved much more than sufficient to maintain the population. This explains why the Acadians cleared such a very limited area of forest land during their long occupation of the country.

The sixty families of French who came out under de Razilly were the true founders of the Acadian people, Other persons came to the little colony from time to time, but there was no immigration of whole families. These individual additions to the population consisted for the most part of discharged soldiers, and transient working men, who had concluded to settle in the country, and whose wives belonged to the original Acadian stock.

The progress of the colony was retarded by dissensions among the leaders, and by frequent wars between France and England.

In 1713, Nova Scotia was finally and forever ceded to England. The Acadians were not seriously affected by this change of masters. They rapidly increased in numbers, formed new settlements, and prospered. The number of Acadians in the peninsula of Nova Scotia in 1755, the date of their expulsion, it is estimated by good authorities to have been about 5000. The process of expulsion was so throughly carried out, that practically the whole population was removed from their settlements, and for many years they were treated as public enemies. Repatriation commenced at about 1767, and the present settlements of the Acadians date from that period.

The Acadians were an honest, sober, and virtuous people, the men and women working hard, but leading nevertheless a joyous life. They were a very healthy people, able to endure great fatigue, and they generally lived to a very advanced age.

There is sufficient evidence to show that at no period of their settlement were they wholly destitute of medical aid. The garrison usually had one or two surgeons.

In 1731 Saint Cenne was physician at Annapolis. Bugeaud and

Mouton at Mines. The small settlement at Cobequid, near Truro, had a medical man.

Only one of the men of this period requires some notice, Jacques Bourgeois, the founder of the flourishing settlement at Chignecto, called Beaubassin by the French.

Jacques Bourgeois, the leader of the immigrants from Port Royal to Chignecto, was in his way a notable man. He was a surgeon by profession. His name appears in the capitulation of 1654, as brother-in-law and lieutenant of Doucet de la Verdure, and commandant at Port Royal; and he was one of the hostages delivered to the English. His settlement at Chignecto was made between 1671 and 1675.

From the treaty of Utrecht in 1713, when Acadia was ceded to to the Crown of Great Britain, to 1749, no progress had been made by the British in colonizing the county. The inhabitants consisted of the Acadian peasants scattered around the shores of the Basin of Minas, Cobequid Bay, Chignecto, and the valley of Annapolis. The Governor resided at Annapolis Royal, a small fortified port with a garrison of two or three hundred regular troops. He was in a great measure dependent on New England for his necessary supplies. Annapolis Royal was the only British port within the province, with the exception of Canso, where during the fishing season, a number of French and a few Indians assembled, and where a captain's guard was usually stationed to preserve order and protect the rights of property.

At Annapolis Royal the nucleus of a permanent settlement was formed. It consisted, in the first place, of those who had come there to trade with the French and Indians, and to carry on the retail traffic to which the presence of a garrison, however small, gives place. To these were doubtless added from time to time some of those who had served in the garrison.

Sir. William Fenwick Williams and Sir William Robert Wolseley Winnett, who obtained high distinction in the service of Great Britain, are descendants of such settlers at Annapolis Royal during this period. Dr. William Skene, the garrison surgeon, seems to have been a useful citizen as well as a capable physician. He certainly resided at Annapolis from 1713 to 1749, when we lose trace of him. His name is suggestive of Scottish parentage. He probably came

with Nicholson's forces in 1710, and after the capture of Port Royal, secured the position of Garrison Surgeon. Governor Caulfield speaks very favorably of him and recommends an increase of his pay.

In 1720, when His Majesty's Council was first organized, he was selected as a member and continued to act in that capacity until 1749. He does not seem to be one of those selected to meet Cornwallis at Halifax, this probably by reason of his age. In 1827 the first Commission of the Peace was formed in Nova Scotia, and he was appointed a Justice of the Peace. In 1737 he was chosen as one of the Commissioners to settle the boundary disputes between Massachusetts and New Hampshire. In 1742 he was similarly selected to settle boundary disputes between Massachusetts and Rhode Island. In 1749 he appears as claimant for compensation of losses sustained during the seige in 1745, his buildings been torn down to ensure the safety of the fort.

PART II.—BRITISH SETTLEMENT.

The chief events affecting the population between 1749 and 1775: were the beginning of English colonization at Halifax; the arrival of the Germans; the deportation of the Acadians; an extensive settlement of New Englanders; the influx of Ulster people; the repatriation of the Acadians; the Yorkshire immigration; and the arrival of the first batch of Scottish Highlanders in 1773.

These various race stocks settled in different parts of the province, and they did not mix to any great extent.

THE TOWN OF HALIFAX.—Halifax was founded in the year 1749, at the expense of the British Government, and under the direction of the "Lords of Trade and Plantations," and was named in compliment to George Montague, Earl of Halifax, then at the head of the Board.

The inducements offered to settlers were—grants of land; free transport; maintenance at the public expense for one year; arms and ammunition for defense; and implements for clearing the land, erecting dwellings, and prosecuting the fisheries. These offers proved attractive, and soon afterward a fleet of transports under the command of the Hon. Edward Cornwallis, sailed for Chebucto Bay.

The total number of immigrants was 2,576, and of this number 1,546 were adult males. But one death occurred during the voyage.

This small death rate was attributed to the care of the Board of Trade and Plantations in providing ventilators and air pipes for the transports, a new invention then lately introduced.

In the same year, 1749, in consequence of the evacuation of Louisburg, several New England families who had settled there during the English occupation, accompanied the troops to Halifax. Other settlers came directly from New England, and this movement continued for two or three years.

The New England people soon formed the basis of the resident population and are the ancestors of many of the present inhabitants. They were better settlers than those who came with Cornwallis and they soon secured the business of the place, and filled many of the most important positions in the Colony.

The list of the settlers who came out with Governor Cornwallis contains a surprisingly large number of medical men, out of all proportion to the number of immigrants. I have picked out the following names from the list, 28 in all :—

Alexander Hay, wife and two children, surgeon's mate; Georgius Philipus Bruscowitz and wife, surgeon; M. Rush, doctor and surgeon; Robert Grant, surgeon's mate; Henry Menton and wife, surgeon's mate; John Willis, wife and one child, chymist and surgeon; Fenton Griffith and wife, surgeon's mate; Thomas Wilson, surgeon; Thomas Lonthion, surgeon's mate; Charles Paine, surgeon; William Lascelles, surgeon's mate; William Grant, surgeon; Robert White, surgeon; Matthew Jones, wife and one child, surgeon; John Steele, lieutenant and surgeon; Patrick Hay, surgeon; Augustus Cæsar Harbin, assistant surgeon; John Wildman and wife, surgeon; John Inman, surgeon; John Wallace and wife, surgeon's mate; Daniel Brown, surgeon's mate; John Grant, surgeon's mate; Cochrane Dickson and wife, surgeon; James Handeside, surgeon; Harry Pitt and two children; surgeon; Joshua Sacheverell, surgeon; Archibald Campbell, surgeon's mate; David Carnegie, surgeon. To this list may be added—Robert Throckmorton, surgeon, pupil at St. George's Hospital, and one, Alexander Abercrombie, who is described as an apothecary's mate.

It is probable that many of the above list were engaged to accom-

pany the expedition as surgeons or physicians, but the majority, no doubt, came with the intention of settling in America.

In 1752, three years after the settlement of Halifax, a list of the families who had settled in the city since the year 1749 was prepared, and the document is extant. It contains only three of the names of the medical men who came in 1749, viz: Dr. Robert Grant, Dr. John Steele, and Alexander Abercrombie. In addition, there is the name of Dr Jonathan Prescott, who came with the New Englanders from Louisburg.

There may have been others, connected with the hospital, but no names are given in connection with the institution. There must have been a great deal of sickness. Akins, in his History of Halifax, says: "About this time (1749) a destructive epidemic made its appearance in the town, and, it is said, nearly one thousand persons fell victims during the autumn and the following winter."

On October 14th, the government found it necessary to publish an ordinance commanding all Justices of the peace, upon the death of a settler, to name so many persons, of the neighborhood or quarter to which the deceased belonged, to attend at the burial and carry the corpse to the grave. Anyone who refused to attend, without sufficient reason, was to have his name struck off the Mess Book and Register of Settlers, as unworthy of His Majesty's bounty.

Again in December an order was made commanding all householders to report their dead to the clergyman within twenty-four hours.

In 1750, a public hospital was erected, and was maintained by the government for several years. At about 1766, by request of the Magistrates, this hospital was granted for an alms house. The building stood at the northern part of the land now occupied by the Government House.

The first medical men who settled in Halifax were:

Robert Grant.

Came out with Cornwallis in the "Charlton," frigate, and is described as a surgeon's mate, no mention being made of his having a family. In the list of settlers compiled in 1752, he is mentioned as living within the town, and as having a household of six members. His lot was at the south-east corner of Prince and

Granville Streets. He was "a leading man in Mather's Church." In 1756 he was appointed a member of His Majesty's Council. In 1756 his seat was declared vacant by absence. This he evidently resented, as in the following year, he sent to the Lords of Trade a protest, complaining of his removal from the Council on the ground of absence. The correspondence shows that he was on bad terms with Governor Lawrence. The cause of his quarrel with the Governor was probably the active part which he had taken in the agitation for a Representative Assembly. Nothing is known of Dr. Grant's subsequent career.

John Steele.

Came to Halifax with Cornwallis as a passenger on the ship "Beaufort." Surgeon by profession, he was also a lieutenant in Shirley's Regiment. In 1752 he was living in the south suburbs of Halifax, his family then consisting of four male members over sixteen years of age, and three females also over sixteen. This seems to indicate that he was then well advanced in years.

He probably removed to Annapolis at about 1759 to practice his profession there. His name, as Dr. John Steele, appears on the plan of the township of Annapolis as the proprietor of lot No. 53.

From 1761 to 1762 he represented Annapolis in the House of Assembly. He seems to have taken an active part in the proceedings of the legislature, especially in the steps taken to establish the Inferior Court of Common Pleas. He died in 1764 while still a member of the Assembly, his family probably returning to Halifax.

Alexander Abercrombie.

The following notice of Alexander Abercrombie in Latin appeared in the Nova Scotia Gazette of October 3rd, 1775. It was written by Jonathan Belcher, Chief Justice of Nova Scotia and President of Council:

"The epitaph of the most eminent Alexander Abercrombie, who departed this life 31st March, 1775, in the 48th year of his age.

Anxious wayfarer! What are you looking for among the tombs? Is it an example of life from engraven tombstones?

Stand here. Nowhere could you find any more worthy example; for under this sacred mound lies buried the most skilful Alexander Abercrombie, M. D., universally lamented, a man whom one could more easily admire than praise, a man distinguished for the character

and lot of his life, his glowing love for country, and his benevolence; sacred in friendship and inferior to no one in prudence and courtesy; in the art of medicine skilled as a second Galen; practised his profession with care, and in the issue, under God, with success. The cottages of the sick poor he visited of his own accord. He treated the sick conscientiously by his remedies.

If a conscientious, learned, trustworthy, benevolent friend should be lamented, pass on wayfarer! May you be like him in the work of your life! You will be equally happy in death, equally dear to and lamented by all. Oh, Grief! Remains of a worth scarce ever to be properly valued, may you rest peacefully in holy repose up to the moment of resurrection and morning of the recompense for the blessed.

The president of the council of Nova Scotia, by Royal Appointment, and lately holding the position of Governor, thus grieving, devotes himself to the memory of a friend always loved by him, with a threefold and fourfold affection."

Alexander Abercrombie came out with Cornwallis, and was employed by the Government as apothecary. In course of time, and perhaps, by necessity, he became a practitioner of medicine, and was, no doubt, fortunate in securing the good-will and friendship of Jonathan Belcher. He obtained a large grant of land in the township of Windsor.

Here, I may observe, that very few of those who came to practice medicine in Nova Scotia during the 18th century, possessed a diploma, or what would now be deemed a legal qualification to practice. In Great Britain to some extent, and very largely in the older colonies of America, those who wished to become physicians or surgeons, obtained the requisite knowledge by being apprenticed for a term of years to prominent medical men. In, however, perhaps not a few instances, men deeming themselves to be endowed with natural gifts to practice the art of medicine, proceeded forthwith, without let or hindrance, to do so.

Very few medical degrees were conferred in America prior to 1800, those who possessed them, in most instances going abroad for the purpose.

Dr. Jonathan Prescott.

Dr. Prescott's memory is perpetuated by his descendants, as well

as by his ability and business enterprise. He was born at Concord, Massachusetts. He studied the profession of medicine, and at the siege of Louisburg in 1745, was not only surgeon but also a captain of engineers. After the evacuation of Louisburg he probably came to Halifax and retired from the army. In 1752 he was living in the south suburbs of the town, his household numbering thirteen persons. He engaged in business in Halifax, and took a prominent part in the settlement of Chester, where he secured large tracts of land and built mills. He accumulated considerable wealth, but suffered much loss from the depredations of the Indians, who, on two occasions, burned his house and mills. He lived during the latter part of his life at Chester. In 1806 he died and was buried there.

Dr. Prescott was energetic and enterprising, kind and benevolent, and took great pains to help and relieve the poor soldiers who had served with and under him at the siege and occupation of Louisburg. He was Justice of the Peace and Judge of the Inferior Court of Common Pleas for the County of Lunenburg, and he took an active part in the organization of the militia.

The practice of medicine was, no doubt, a secondary consideration with Dr. Prescott, but the necessities of the people, particularly in Chester, where there was no medical supply, would call for his intervention.

Joseph Prescott.

One of the sons of Dr. Jonathan Prescott, engaged in the practice of medicine. Mrs. William Lawson, in her History of Dartmouth, says that he was "Doctor in the United States Army," and afterwards a physician in Halifax. From information gleaned from other sources, I am led to infer that he practised about Windsor between 1790 and 1800, and that later he lived many years in Cornwallis, finally coming to Halifax.

Another son the Honourable Charles R. Prescott, was a merchant of Halifax. He amassed considerable wealth, and at about 1812 he removed to Cornwallis, where he devoted his wealth, energy and common sense to the development of pomological fruits.

He introduced the Golden Pippin, the Ribston Pippin, and the Blenheim, and had in his orchard over one hundred varieties of apples and fifty varieties of pears.

John Prescott, a third son, purchased and lived at Maroon Hall, Dartmouth, for many years.

Among the earlier settlers of Halifax were two gentlemen who at one time practiced medicine and for that reason deserve a passing notice.

Leonard Lockman.

Was a German In early life he practised medicine. He afterwards received and held the rank of major in the army in return for services rendered the British Government. He came out with the settlers in 1749, and eventually settled in the north suburbs.

He died at Halifax, in the 73rd year of his age, after a lingering illness. He was interred under the old German church in Brunswick street. The monument to his memory, with coat of arms, is yet to be seen in that church. Lockman street was named after him.

Rev. Thomas Wood.

Was Surgeon to Shirley's Regiment during the siege and occupation of Louisburg. He retired from the army and qualified for the ministry. He came to Halifax in 1752, and was appointed a missionary. In 1758 he was appointed Curate of St. Paul's. In 1763 he removed to Annapolis to take charge of the church at that place. He died in 1778. He had an excellent knowledge of the French and Mic-Mac languages, which rendered his services at times very useful to the Government. He was not unmindful of the wants of the sick in the poor and thinly populated districts which he visited

THE GERMAN AND FRENCH PROTESTANTS.—In order to secure an additional number of immigrants, the Lords of Trade and Plantations caused a proclamation to be distributed in certain sections of Germany inviting settlers to Nova Scotia, and offering generous terms. A large number applied and secured passages for themselves and their families. They came in detachments during the years 1750-52 and were first domiciled at Halifax. Among them came about 453 French-speaking Protestants from Alsace. In 1753 the great body of these immigrants were removed from Halifax, and founded the settlement of Lunenburg. I can find the name of only one medical man in connection wiih the settlement.

John Burger Erad.

DesBrisay, in his brief notice of Leonard Christopher Rudolph,

says that in the year 1751, he was "persuaded by his friend Dr. Erad to settle in Nova Scotia." He states in his journal that he was appointed overseer, and his friend medical adviser, to the company.

In the list of Halifax families for 1752, there is mentioned as living in the north suburbs, John Burger Erad, household seven in number, and the name of Rudolph precedes Erads in the list. He probably removed to Lunenburg, but nothing is known about his subsequent history.

THE NEW ENGLAND IMMIGRATION.—At about 1759 a movement of population from the New England colonies to Nova Scotia began, and continued for several years. This immigration has been quite generally confounded with the Loyalist migration to the provinces. These settlers are now often called the Pre-Loyalists. They settled almost entirely the townships of Annapolis, Granville, Yarmouth, Barrington, Liverpool, Chester, Cornwallis, Horton, Falmouth and Newport. A number of them came also to New Dublin, Truro, Onslow, Windsor, Amherst and Cumberland. Pictou was settled in 1767 by a small band of settlers from the borders of Pennsylvania and Maryland.

THE ULSTER IMMIGRATION.—Immigration from the north of Ireland began in 1761, and continued for several years, being supplemented by the descendants of Irish families from the older colonies, more especially Londonderry, New Hampshire.

These immigrants settled chiefly in Londonderry, Onslow, Truro, Amherst, Cumberland, New Dublin and Wilmot.

THE YORKSHIRE IMMIGRATION.—During the period from 1771 to 1775 a large number of families from Yorkshire, England, settled in the present counties of Cumberland, N. S., snd Westmoreland, N. B. Among these settlers, of various nationalities, were the following medical men. The list is, no doubt, incomplete.

Dr. Jonathan Woodbury.

Came out with the first settlers to Yarmouth in the year 1760. He was descended from John Woodbury, one of the oldest Puritan settlers of New England. He was born in 1737. In 1763 his household is returned as consisting of five members, living on a one acre lot on Cape Forchu River.

At about the year 1770, he removed to Granville, where he had

secured grants of land. In 1790, he removed to Wilmot, where he died in 1830, at the age of 93.

Then follows a extract from a letter received from Mrs. George Bell, a descendant—"The old Doctor's practice extended from Middleton, where he lived, to Liverpool, the road being only a bridle path through the forest. He rode on horseback and carried saddlebags, but being very active in mind and body, and a teetotaller, he did a great amount of work. There was an epidemic of smallpox in Liverpool. The old man rode in a calico over-dress, like a dressing gown, and as he rode rapidly, his appearance was, to say the least, startling. He was very successful and very skilful.

"His son, Jonathan, was a good, steady, quiet man, much beloved and very gentle in the sick room. The old Doctor had two grandsons. Dr. Jonathan Woodbury Thorne, who practised in Liverpool, and Dr. Woodbury Thorne, of Middleton, who was like his grandfather, very clever and very active. I have heard of his being to visit a very serious case, running the horse at full speed and not dismounting until the horse had carried him right into the house."

His son, Jonathan, practised for many years in Wilmot. He was a graduate of Jefferson Medical College, Philadelphia. He died between 1880 and 1890.

Doctors Frank and Hibbert Woodbury, prominent members of the dental profession in Halifax, and Dr. Frank V. Woodbury, of Newfoundland, are descendants of Jonathan Woodbury.

Dr. Samuel Willoughby.

Was one of the first settlers of Cornwallis. He was elected to represent the township in the House of Assembly in 1761. In the following year his seat was declared vacant on account of non-attendance. In 1770 he was again returned as representative for Cornwallis. In 1776 his seat was again declared vacant for the same reason as before. The local records indicate that he was a Justice of the Peace, and that he took a prominent part in promoting the best interests of the community.

Dr. Edward Ellis.

Was appointed a Justice of the Peace in 1762. In the following year an Indian was assaulted and seriously beaten by one of the inhabitants. The attitude of the Indians became so hostile that a special commission was sent from Halifax to investigate the affair.

(To be continued.)

TUBERCULOUS CYSTITIS.*

By JOHN STEWART, M. B., Halifax, N. S.

There are few diseases so distressing in their course and so hopeless in their outlook as tuberculous cystitis. The diagnosis is often difficult, the prognosis always grave, and the treatment unsatisfactory.

The disease is one of youth or early adult life, and it occurs much more frequently in men than in women, in the proportion to about three to one.

All authorities agree in stating that the disease is rarely primary in the bladder. It is difficult to understand how it can ever be primary. There are three methods of infection of the system by tubercle bacilli, —inhalation, ingestion, and inoculation. The only possible mode of primary infection of the bladder would be direct implantation of the bacilli on the bladder wall, as by injection of fluids holding the bacilli in suspension, or the introduction of instruments insufficiently sterilised. Infection otherwise, per urethram, has been held possible, but must be hard of proof. There must be a primary focus in the respiratory or alimentary tract from which infection is carried to the genito-urinary system. But when, from whatever source, tubercle bacilli have found their way into the blood, it is very rare indeed to find them deposited earlier in the bladder than in other parts of the genito-urinary system.

The infection of the bladder occurs in one of three ways. First, from a deposit in the kidney, the process extending downwards by the ureteral mucosa, or through the medium of tubercle bacilli suspended in the urine. Both clinical observation and laboratory experiment, however, show this infection through the urine to be slow and uncertain. Secondly, by an ascending process from deposits in epididymis or testis, vas deferens, and vesiculæ seminales or prostate by continuity of tissue or lymphatic extension. Thirdly, through the blood-vascular system from deposits elsewhere, as the pulmonary or peritoneal area.

* Read before Maritime Medical Association, St. John, July 22nd, 1903. (This paper was mislaid, which accounts for its late publication.)

Any lesion of the vesical mucous membrane will, of course, predispose to the implantation of the tubercle bacilli, and there is no condition more dangerous in this way than gonorrhœa.

The trigone is first and chiefly affected, and the first discoverable lesion consists in small granulations which may be found projecting on the mucous surface. These result from the aggregation of miliary tubercles and may be mistaken for the small masses of lymphadenoid tissue found normally in the floor of the bladder, and frequently enlarged in simple catarrh. These tiny granulations extend and merge in the fashion of tubercle nodules elsewhere, but caseous deposits are never extensive here, as they may be in the kidney or testis. The degenerative process extends through the epithelial lining, and ulceration results. The ulcers vary in size, from a pin's head upward, but are usually small, and resemble tubercular ulcers elsewhere. They are shallow; perforation of the bladder rarely rakes place, but sometimes fistulous openings may be found, into rectum, vagina, or perineum.

This condition of "granuloma" with superficial ulceration may exist for a long time and with very slight symptoms. But if the ulceration be extensive, or infection by pyogenic organisms take place, all the characteristic symptoms of cystitis result. The mucous membrane becomes red and irritable, fungous granulations occupy the trigone and sprout about the orifices of urethra and ureters. The continuous infiltration of the disease, and the constant tenesmus leading to hypertrophy, combine to produce a thickened bladder wall, and to diminished vesical capacity. The end is generally due to extension of disease, pyelo-nephritis, exhaustion, or uræmia.

The diagnosis, the exact diagnosis, of tuberculous disease of the bladder, presents peculiar difficulties. The symptoms in the early stages are slight, and in the later stages are simply those of chronic cystitis. The earliest symptom is increased frequency of micturition. This may come on so insidiously that it is scarcely noticed until the occurrence of hemorrhage or of pain attracts attention to the urinary apparatus.

Another early symptom in many cases is diminished expulsive power with delayed outflow and incomplete evacuation.

The character of the urine is noticeable. In the early stages it is often increased in amount, limpid and of low specific gravity, and it is generally acid. Occasionally blood appears in it, and as ulceration

extends and cystitis develops it becomes turbid, and a mixed infection frequently leads to alkalinity and the formation of ropy mucus.

Hæmaturia is frequently present. It is irregular both as to occurrence and quantity. It is at first due to congestion, later to ulceration and it is usually slight. Rarely, however, it is profuse, and the bladder may fill with clots.

Pyuria is marked only in the later stages. Pus comes generally in largest proportion in the first part of the stream, and the blood with the last drops.

Pain may be entirely absent during a long period. At first there may be some urgency in passing water, then pain may be felt in the corpus spongiosum, later on there is distinct pain with the desire to pass water, continuing during the act, and most severe at the close. In the later stages it may amount to unendurable agony.

The tubercle bacillus is not always easily found, and after pus appears it is still harder to find by the microscope. Culture methods and experimental inoculation of the urinary sediment are surer methods. And even if the bacilli are found they do not solve the question, for they may come from the kidney.

To warrant a positive diagnosis, even when tubercle bacilli have been found in the urine, we require the cystoscope. But as a rule the tuberculous bladder is intolerant of instruments, and even when it has been irrigated the fluid injected before using the cystoscope rapidly becomes cloudy, so that this method of investigation is often unsatisfactory.

When we consider the general and indefinite nature of most of these signs and symptoms we are prepared for difficulty in our differential diagnosis. Hurry Fenwick has well said of this disease:—

"With the exception of the enlarged prostate of old age I know of no "disease of the urinary tract, from urethritis to renal carcinoma "which this arch-mimic does not simulate, and that very closely."

The symptoms may be neurotic or may be reflex from uterine or ovarian or renal lesions. Time is a clearing factor here, and yet months and even years may elapse with small change in symptoms. Calculus or tumour may be suspected, especially when bleeding is present. But the hæmaturia of tuberculous cystitis is generally painless, and is not influenced by movement as in calculus, and is smaller in amount than in tumour. Abscess in the prostate and posterior urethritis may simulate cystitis. But the most

interesting and most difficult differential diagnosis is from affections of the kidney and ureter. All the symptoms of cystitis may be present in renal tuberculosis, pain being referred to bladder and urethra, with frequent micturition even in the absence of polyuria. In fact all the early symptoms of tuberculous cystitis may be equally indicative of a renal affection and the bladder has often been treated for symptoms due to diseased kidney, and it has even been opened and drained for a supposed cystitis, when caseous deposits were already large in the kidney. We should bear in mind the possibility of a renal tuberculosis when we have a case of enuresis in a child, or one of frequency, especially nocturnal frequency in an adolescent. There are few things more remarkable than the tolerance of the kidney to certain morbid conditions, and the length of time during which disease may exist in it without causing urgent, or even uncomfortable symptoms in its own region.

But it is some comfort to reflect that even if it is impossible to make an early positive diagnosis in tuberculosis of the bladder it does not signify much as regards treatment.

The exact location of the disease may be impossible, but one can generally determine that tuberculosis is present, and all cases presenting the symptoms just described should be regarded as tuberculous.

The treatment is medical rather than surgical. We must attend to diet, clothing, climate, exercise. In the early stages local treatment is almost always hurtful. Guyon recommends the instillation into the empty bladder of from ten to forty drops of a solution of mercuric bichloride, from 1 to 1,000 upwards, but is not very enthusiastic in his recommendation. Rovsing thinks that irrigation with a 1 to 2 per cent. solution of nitrate of silver does good in uncomplicated cases. The advice of Henry Morris is that all forms of local treatment are contra-indicated and that the bladder should be left strictly alone, until the later stages.

Medicines may have some beneficial action, salol, iodoform, and methylene blue have been found useful. Benzoic acid and urotropin are not of much service here. Later on, when ulceration is marked, and there is much pus, with, perhaps, decomposing mucus, irrigation may be helpful. If the passage of a catheter causes much pain eucaine may be used. But it is unnecessary to use a catheter; fluid

may be injected without it. Perhaps the best solution to use is boracic lotion. In the female it may be possible to treat the ulcers directly through the Kelly cystoscope.

But when medication fails, and irrigation does not relieve, or cannot be borne, when the patient is exhaused by loss of sleep, and the agonising tenesmus, then the surgeon may give relief. The bladder should be opened and drained. Considering all things, the best method is suprapubic cystotomy. There are few operations which give such an immediate and thorough relief to persistent and harassing pain.

Selected Article.

THE SOLUBLE FERMENTS OF COW'S MILK.

By Joseph Lesperance, M. D., (Paris) Montreal, Canada.

It is a well-known fact that milk is in itself a complete food, since it contains the three alimentary elements by which all life is sustained, namely, the albuminoids, the fats, and the sugars. But, although human life may be indefinitely maintained by the exclusive use of milk, the seemingly paradoxical fact has been established that an artificial mixture of albumins, fats, and sugars, although in the same proportions as when contained in natural milk, will not sustain life beyond a limited period. The following experiment made by Lunin demonstrates this interesting fact:

Mice, as well as men, can live indefinitely on natural milk of a sole diet. But when they are fed on artificial milk containing all the chemical constituents of an excellent milk, they die in from twenty to thirty days. In this experiment Lunin prepared his milk in the following manner: The milk was diluted with water, and then precipitated by acetic acid. The flaky precipitate was then washed with acidulated water, leaving it a mixture solely of casein and fat. To this quantity of albuminoid and fatty matter, he added cane-sugar in the proper physiological proportion to represent the carbohydrates. Finally he added the salts that are contained in the natural milk, in the exact quantities in which they are found in that substance. Theoretically this artificial milk constituted a perfect food, since it contained the three principal groups as well as the salts. Nevertheless, the mice on which the experiments were made did not live, although they relished the diet and ate plentifully of the food.

Lunin was studying the role played by the mineral salts in nutrition, and at the time when he announced the results of his experience the scientific world was considerably surprised.

It is now well understood that the factor which was lacking in Lunin's artificial milk, that which was necessary in order to make this product capable of sustaining indefinitely the life of his mice, was that chemically intangible constituent, the active living force, in

fact the enzymes or unorganized soluble ferments that were destroyed by his method of preparing and treating the milk. This fact explains why sterilized milk and other sterilized foods have not fulfilled the general expectations of the scientific world. Received at first with enthusiasm by the medical profession, it was gradually shown in the course of time, that they did not constitute an ideal method of feeding. Many medical men, recognizing the lack of result without knowing the real cause of failure, returned to good natural milk, either simply diluted with water or not. Careful observation showed that milks that had not been heated beyond a natural temperature were more easily digested, and gave greater vitality to the system. It was observed that sterilized milks produced in children soft muscles, a generally irregular development, and a weakened resistance to infectious diseases. Some men even stated that they were the indirect cause of infantile scurvy. And these unsatisfactory results were observed even when the very best methods of blending were being used, and the milk had been modified so as to make it from a chemical standpoint, not only merely resemble mother's milk, but actually almost identical with it.

These facts were verified, but without any reasonable explanation of the cause. However, the work and thorough investigation to which milk has been subjected within the last few years, have thrown an entirely new light upon the subject. The constituents which are lacking in sterilized milk, or more probably speaking, are destroyed when the temperature of the milk is raised to 176° Fahrenheit, are the enzymes, those mysterious ferments which govern the equilibrium of the protoplasm. Not only in the animal kingdom, but in the vegetable kingdom as well, every vital phenomenon seems to be dependent on these ferments. The grain of wheat, planted in the soil, owes its development and growth solely to these special ferments. Under the influence of soluble substances secreted by microbes in the bosom of the earth, the grain of wheat emerges from its lethargic condition and becomes a living organism, capable of growth and reproduction. It has been shown that absolutely sterilized earth is useless for the growth of seeds, and that these do not come to maturity in such soil. (Ref. Nobbe, Dresden.)

The same thing applies to the animal kingdom. Animals kept in an aseptic atmosphere and fed on sterilized foods cannot live. The quantity and proportion of albumen, of carbohydrates and of fats may

be perfect, but that particular force which separates and disintegrates them into their ultimate terms of absorption no longer exists, and these food substances become inert. According to Kejanitzin, the disastrous effect of the sterilized air breathed, continues even after the animals have again been placed in a normal atmosphere. This author explains, that in breathing ordinary air the microbes inhaled are absorbed by the leucocytes, which separate the ferments which these microbes contain and spread them throughout the organism, where they regulate oxidation and prevent the accumulation of leucomains and other toxic principles.

It is a path abounding in beautiful discoveries that science has opened. It is found that the malignant ferments, producers of illness and death, are in reality only an accident in nature. If there exists those that are responsible for the shortening of some lives, on the other hand their very kin are they that since the creation of the universe have perpetuated species, and finally, the evolution of the higher organisms is corollary to that of the infinitely small. Although there are injurious germs whose secretions disturb the vital harmony and cause a disturbance of the physiological phenomena, yet by way of retaliation or compensation there are a much greater number of those whose secretions are of direct benefit. It is true that, as yet, we know but a small proportion of these, but the list is growing and continues to grow as time passes. Let us salute, *en passant*, the noble germs, creators of fine wines, of good ciders, of fragrant vinegars, and of savory beers.

If we have entered somewhat fully into the above consideration, it is because the ferments that are found in milk originate both in the organic cell and in the bacterial cell; the former, being necessarily in the milk because they are contained in the organism and in the gland cells which give rise to the milk; the latter, being accidental, but at the same time always found in the milk, since they are secretions of the bacteria which exists everywhere and consequently gain entrance into the milk, many of them even before it leaves the galactiferous ducts. These bacterial ferments were thoroughly studied long before the cellular ferments, and since the observations and work of Duclaux are known intimately. They are for us less interesting than the others, and to them, the cellular ferments, we would more particularly devote our attention.

The clear ideas which we at present possess, regarding the soluble ferments of milk have taken a long time to come to light. While the first work on the digestive ferments of the human alimentary canal dates back some fifty years, only five years have elapsed since any serious attention has been given to those of milk. After having discovered ptyalin in the saliva, pepsin in the gastric juice, and the tryptic ferments in that of the pancreas, science rested. Bacteriology acquired a tremendous impetus from the ideas of Pasteur; a keen interest was aroused that engrossed all thinking minds. But by a return to the original ideas, bacteriology, in discovering the secretions of the microbes, brought these same thinkers back to the study of the secretions of the organic cells, and demonstrated that the two are identical, and that there is no biological difference between the constituent cells of our organism, and those minute cellular individuals, the microbes.

Babcock and Russell of Wisconsin were, so far as we can learn, the first to demonstrate the presence of soluble ferments in milk.

In the earlier days the various phenomena that take place in milk were explained as being solely chemical—the reaction of one body on another. Then, in the time of Pasteur, the facts became a little better known, and all the transformations of milk were ascribed to the action of bacteria. Lloyd and Freudenreich made known the considerable part played by bacteria in the maturing of Cheddar and Emmenthaler cheeses.

Babcock and Russell, struck by the fact that all the changes taking place in milk could not be explained by the activity of bacteria alone, undertook a long series of experiments in order to elucidate the apparent difficulty. They experimented partly with natural milk and partly with milk that had been worked by cheese-makers. To samples of fresh milk they added in some cases chloroform, in others ether, both of them substances which arrest bacterial growth. They found that coagulation of the milk set in within a few days without any corresponding increase of acidity. In these experiments the anæsthetic would have prevented coagulation if that phenomenon were due entirely to bacterial life.

Then, as Conn had announced that saprophytes possessed the power of secreting an enzyme analogous to rennet, and capable of coagulating milk, and as Duclaux, in a lengthy communication had brought to light the important role played by the saprophytes in the

phenomena of the maturing of cheeses, Babcock and Russell determined to investigate the question as to whether the coagulation of the milk in spite of the use of the anæsthetics had been caused by bacteria. They took every precaution, surrounding themselves with every safeguard in order to prevent the contamination of the milk by saprophytes. The udder of the cow was carefully sterilized, the first milk was thrown away, and then the balance was milked direct into bottles containing an excess of an antiseptic preparation. By this process the bacteria with spores which produce the coagulating ferments were excluded, and if by chance any of them, coming from the lactiferous ducts, reached the milk, they were immediately paralyzed. Under these conditions which would eliminate all bacterial activity, the same phenomena of coagulation and transformation of the caseine took place as before, and in the same time. These experiments were repeated with all antiseptics known to arrest microbial reproduction, such as fluoride of sodium, salicylic acid, etc, and the results were always the same. Moreover, in proportion to the age of the various samples of asepticized milk, these exhibited a gradual increase in the percentage of albumoses, formed at the expense of the caseine. For example, in milk twelve days old, the proportion of the products of this digestion was 30 per cent., while in the same milk, two hundred and forty days old, the proportion was 63 per cent. Babcock and Russell then arrived at the conclusion that besides the organized ferments, there are in milk other ferments which are inherent in the milk itself. In pursuing their investigations further, they found these ferments in the milk of all the mammifers that they studied (ass, mare, goat, sheep, sow, buffalo, and woman). In the cow's milk it is particularly abundant and more easy to isolate.

To this ferment they gave the name of Galactase, and classified it in the same family as Trypsin, the pancreatic enzyme.

This view of the matter was confirmed in the very same year. Bertrand and Bourquelot, without knowing anything of the work of Babcock and Russell, demonstrated by other processes, the presence in milk of oxidizing ferments. As long ago as 1881, Arnold had found that fresh cow's milk became blue on contact with tincture of guaiac, and that this reaction is no longer produced if the milk is heated to a temperature of 80° C. In 1890 Kowalesky established undeniably that the same reaction sakes place in milk when mixed with old turpentine. But at that time this reaction was attributed to

the presence of ozone. Later it was recognized that free ozone cannot exist in the system, and Bertrand and Bourquelot demonstrated that the reaction of milk toward oxidizing agents is due to the presence of a ferment. Of itself it is powerless to oxidize oxidizable substances without the assistance of an intermediary agent highly oxygenated, such as the tincture of guaiacum, old turpentine or oxygenated water. But, when these agents yield their oxygen to this ferment, the latter is able to hold it, and in consequence to oxidize any oxidizable substance with which it comes into contact. For example, if some drops of tincture of guaiac are added to fresh milk, this does not change color. But if at the same time some drops of oxygenated water are poured into the milk, a blue color begins to show itself at once. The ferment has absorbed a portion of the oxygen, and coming into contact with the guaiac has oxidized the latter. Thus this ferment belongs to the family of anaeroxydases. At this same time Dupouy, and in the following year (1898), W. Raudnitz, studied this oxydase and found that it is present in the milk of the goat, the cow, and the ewe, and that it is absent, or that its action is very weak, in the milk of the ass, the mare, the dog, and in human milk. Marfan and Gillett have also studied this ferment, and confirm its presence in the milk of the cow.

In 1901 Spolverini took up this line of research and recognized in cow's milk the presence of pepsin and trypsin. Working on milk aseptically treated, and in which perfect asepsis was maintained by thymol, he placed in a drying-stove, at 104° F., various quantities of milk, some acidified for the research for pepsin, other alkalized for the research of trypsin. After a certain time he determined the quantity of soluble albumin in it by the biuret reaction. A boiled sample served as a means of verification. By proceeding in this manner, Spolverini found that the pepsin and trypsin were to be met with in all the milks, but were most abundant in cow's milk. The proportion diminishes in the milk of the dog, the goat, human milk, and that of the ass.

Besides these ferments, of which we have already spoken, still another is to be found, which Spolverini identifies with the glycolytic ferment of the blood. If the sugar contained in a given quantity of fresh milk is determined, and the latter is placed in a drying-stove at a temperature of from 38° to 41° C., and the quantity of sugar is again determined after a lapse of twenty-four hours, it will be found that

the quantity of sugar has considerably diminished. A portion has been destroyed. This is by the action of a glycolytic ferment. This ferment shows itself fairly active in cow's milk, but slightly less so in other milks. Moreover, in 1901, Luzzati, Biolchini, and Marfan, and in 1902, Gillet, as well as Spolverini, separated still another ferment that belongs to the family of hydrolytic ferments. Under the influence of this ferment monobutyrin resolves itself into butyric acid and glycerin. These authors operated by distilling a mixture of milk and monobutyrin, and in then determining the acidity of the distilled products. They encountered this reaction of splitting up monobutyrin in the milks of the woman, dog, cow, goat, and ass, stronger in the former, and less energeiic in the latter. They have agreed upon giving this ferment the name of lipase, a name which Bourquelot had given to a ferment of the same nature, which Hanriot was the first to discover in the blood.

Summing up the various researches and discoveries made in connection with cow's milk, we find then, that this milk contains numerous ferments. We have determined definitely the presence of trypsin and of pepsin, of the lipasic and oxidizing ferments, and of a glycolytic ferment. There is, moreover, reason to expect further discoveries in this direction, and this is not improbable when the extremely complex nature of milk is taken into consideration.

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Medical Record.

Correspondence.

PROVINCIAL MEDICAL BOARD MATRICULATION EXAMINATION.

To the Editor Maritime Medical News:

Dear Dr.—Would it not be the correct thing to assume that this examination is not only designed to test the student's knowledge, but that it is also intended to be a guide to him so that he should direct his attention to learn those subjects which would best fit him for the study of medicine and its future practice?

I recognize the examiners' difficulty, but would also suggest that as general knowledge is so extensive it is most desirable that the greater attention be given to those subjects most likely to be of use to the neophyte, and which it is possible for him to obtain in our public schools and by home reading. Though it is desirable that all should have a college degree, yet this is not practicable for many reasons, and by insisting on it or its equivalent many of our brightest men would be excluded, for but a modicum have the facilities for its acquisition.

In looking over the questions of the last examination, I think I am safe in saying that not one per cent. of the medical men now in practice could now or at any previous time be able to satisfactorily answer them, or that it would be of any use to them if they could. The profession is crowded and to raise the standard of general education is desirable, but it should be so raised as to be of most practical service in the future life of the student and practitioner. As to the crowding it will cure itself, and I do not know but that a medical education is a good groundwork for any department of science or life-work, towards which many medical men drift when from many causes they leave the field of practice.

To illustrate my argument I will give a few questions from last examination papers which have an air about them of educational athletics; and I would also add that did the student have the requisite knowledge, the time given for the examination, unless he were a rapid thinker and writer, is ridiculously limited.

Geometry.—"The two triangles formed by drawing straight lines from any point within a parallelogram to the extremities of its opposite sides are together half the parallelogram."

Algebra (a)—"Simplify by removing brackets and collecting terms: $2a[3b+(3b-c)-4c+\{2a-\overline{(3b-c\div 2b)}\}]$." "(b.) Find value of $ab-[bc+\{ac-b(a+b+c)\}]$.$a=1$, $b=5$, $c=4$," and others of same stamp.

Arithmetic (a)—"Simplify $1\frac{1}{2}$ of $2\frac{4}{5}+6\frac{7}{8}\div 2\frac{3}{4}+(5\frac{1}{2}+\frac{.24\times.53}{2.2-.61})$" "(b). Extract to 4 places decimals square root of .00064, 00127, .9." etc.

These might be all right, given plenty of time for a student up for an honor examination, or for a prospective astronomer or electrical engineer, but these men in practical life would most likely look up their tables. Even assuming proficiency in such knowledge, how long could it be retained in memory unless the student were to be so situated as to from time to time call it into use.

History.—"Name the kings of the house of Anjou with dates of reigns of each (how many can recollect dates?) and give a *full* account of any one of the Stuart sovereigns" (italics are mine). Would it not take a qualified man not less than a week to answer this question and would he not require a good reference library at his command? There are several others similar.

English.—"Brief sketch of Chas. Lamb, Thomas Carlyle or Robt. Browning." "Who is the heroine of the Princess?" "Why do you think so?"

If this be a requisite knowledge of English, so much the worse for it in the fierce practical work of the day.

Geography.—In a previous examination paper was a question to this effect: "Give capitals of countries nearest the 40th parallel of latitude." I question if an admiral in the navy could answer this without referring to his charts, but questions in last examination were not so objectionable.

Medical men are sadly lacking in book-keeping and general business knowledge, commercial law, even common caligraphy, etc., but these subjects, though of the greatest practical importance, are in no way even referred to. And if a prospective doctor sends $1 for a copy of the questions of the last examination to guide him towards the knowledge of what the medical man requires on outside subjects, he would

lamentably fail in his future life, even could he make 100 p. c. on the papers, did he not have another and a better general education.

It will likely be said, "we don't expect the student to have a perfect knowledge but the questions are to test his range." If so, is it wise to ask conundrums at such a time? No question should be given to which a fairly full and correct answer is not required. Let the grade be raised, but I would repeat it should be on useful practical lines that a young man of fair ability can acquire in our public schools and by home reading. He wants an intelligent knowledge of geometry, algebra, arithmetic, physics, history, geography, English composition, caligraphy, the rudiments of a business course, etc., etc., but puzzling questions that require an expert to solve are not useful, are not business, and are not required.

In the words of the manager of the Chicago bank (who by the way lived a time in Halifax)—"My experience with the education of the day for active life is that it is not of much moment. But few applicants for a position can do that which we most want:—

1st—Write a good legible hand.

2nd—Put figures properly below one another in the column.

3rd—To add up a column of figures correctly."

The education for the prospective medical man should be on the lines that the bank manager indicates.

I find no fault with the examination on account of the failure of a son to pass, because on enquiry I found him insufficiently posted, and there is no better time for a young man to get up his general education than before he enters the special study of his profession. But what I think forms a just source of complaint is that taking the examination papers as a guide to direct future study, for a great part it would be impossible under common conditions to comply therewith, and assuming that it were attainable they would require difficult and absolutely worthless work from a practical point of view.

After an experience of 30 to 40 years as an examiner, rightly or wrongly I cannot recall the giving of a question that did not directly bear on the probable future of the candidate, and to which if I did not get an intelligent answer I would assume the candidate to be insufficiently informed.

A. P. Reid.

THE

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Editorial.

THE MARITIME MEDICAL ASSOCIATION MEETING.

The annual meeting of the Maritime Medical Association takes place in Halifax, July 6th and 7th. There should be a large attendance as the programme looks inviting, whether one considers men who will take part or the subjects that they present. Interprovincial Medical Legislation and Reciprocity, the main objects of the Association should now be more feasible than ever and should engage the attention of all the members. The older men should make a point of coming because the younger look to them for instruction and inspiration. The younger men should attend because they are fresh from the laboratory and the clinic. In this way practical experience and the latest teaching may be compared with advantage to both. Many who cannot take the time to travel to Vancouver for the Canadian will no doubt decide to take the shorter trip to Halifax. The season of the year, the reduced railway fares and nature all appeal to the overworked practitioner to take a few days off, and enjoy a choice scientific programme, the meeting with old friends and the social features provided by the Entertainment Committee. The Committee are exerting themselves to at least approximate the splendid example of our brethern in Charlottetown and St. John.

We have always been fortunate in having with us each year one or more distinguished members of the profession from outside centres. It is a splendid tribute to the popularity of our Association that we

have been able to enlist the sympathy of many eminent men from Montreal, Toronto, Boston and New York. This year we expect Cullen and Simon from Baltimore, Codman from Boston, Hamilton and Chipman from Montreal and possibly Stewart from New York. That the majority of these are Canadians makes it none the less pleasing.

The following is an incomplete list of the papers and discussions:

Thomas E. Cullen, M. B., Baltimore, Md.—Uterine Hemorrhages and Their Causes.

Walter Chipman, M. D., Montreal, Can.—Some Recent Developments in European Gynecology.

C. E. Simon, M. D., Baltimore, Md.—The Eosinophile in the Septic Infections.

D. G. J. Campbell, M. D., Halifax.—The Value of Blood Examinations in General Practice.

L. M. Murray, M. D., Halifax.—Some Points in Urinalysis.

E. A. Codman, M. D., Boston, Mass.—The Use of the X-ray in the Surgery of the Diseases of Bones.

D. T. C. Watson, M. D., Halifax.—Case Reports: (*a*), An Interesting Congenital Tumor; (*b*), Graves' Disease, Anomalous Case.

A. B. Atherton, M. D., Fredericton, N. B.—A Case of Gall-Stone of the Common Duct.

G. C. VanWart, M. D., Fredericton, N. B.—A Case of Acute Suppurative Hepatitis; Operation and Recovery.

S. R. Jenkins, M. D., Charlottetown, P. E. I.—A Case of Hypertrophy of Breast in a Young Girl of 15 years, with Amputation of One.

R. A. H. McKeen, M. D., Glace Bay, C. B.—Goldthwaite's Operation for Relief of Recurrent Dislocation of the Patella; Report of Case.

A. Birt, M. D., Berwick, N. S.—Some Common and Uncommon Affections of the Feet Met With in Practice.

H. D. Weaver, M. D., Halifax.—Some Experiences with the X-ray Therapeutically.

D. A. Campbell, M. D., Halifax, N. S.—Case Report.

John Stewart, M. B, Halifax, N. S.—Stricture of the Oesophagus.

J. F. McDonald, M. D., Hopewell, N. S.—The Dissemination of Disease by Railway Trains and Other Conveyances.

George Stewart, M. D., New York.—Surgical Paper.

H. M. Neale, M. D., Whitehaven Sanitarium, Penn.—Treatment of Tuberculosis.

E. A. Kirkpatrick, M. D., Halifax, N. S.—Legislation for the Prevention of Blindness.

W. B. Moore, M. D., Kentville, N. S.—A Case of Carbolic Acid Poisoning.

W. F. Hamilton, Montreal.—Address in Medicine.

M. Chisholm, Halifax, President of the Nova Scotia Society—Address.

Discussions:—Compound Fractures. Serous Membrane Inflammations.

IMPORTANCE OF COUNTY MEDICAL SOCIETIES.

The bill to amend medical witness fees presented at the last session of the legislature of Nova Scotia was, we understand, practically killed in committee, and did not reach the stage for discussion. In commenting upon this bill some months ago we predicted its failure in this wise "the preparation of a bill is a simple matter but to secure its acceptance by the legislature will require the united exertions of the whole profession." The bill was prepared and presented in due form and arguments in its support were submitted to the committee on law amendments, but no further effort was put forth to ensure of its adoption either by the upper or lower house. The merits of the bill, and its presentation by a committee of the Medical Society of Nova Scotia, were thought sufficient to ensure its passing. The rejection of this bill should be a lesson to the profession, and bring forth fruit in the shape of a better and more compact organization for safe-guarding material interests. Why is it that we appear to the laity jealous, antagonistic, disorganized, powerless, without unanamity of thought or action on important questions, and without influence—socially, politically, or in any other way. Is it not largely lack of effective organization? There is probably no calling or profession in which the individual member wields as much influence as does the physician. No one comes closer to the people than he and his opinions and influence carry greater weight than do those of any other individual.

What is needed is a combination of this influence so that it may be effective when needed. That physicians, when united for any

specific object, are a power, has been proved in other provinces in many instances, and the same object should be aimed at here. The first step should be the organization of efficient county societies which should be an organic part of the provincial associations, more largely concerned with the discussion of scientific subjects and the promotion of friendly intercourse.

Is it not a fact that only a small percentage of the profession are connected with any medical organization? Why is it that so many are apathetic, indifferent or ignorant of the practical membership in medical societies? How can we arouse those not now members from their apathy and indifference, and convince them of the value of association?

The value of the county society as a part of a compact organization is now very generally recognized, and everywhere efforts are being put forth to place such associations on a more business like basis. While provincial and national societies are necessary, their greatest value depends on the fact that in them can be centered the power and influence of the county society, and that through them the county society can be created, supported, encouraged and made most useful to its members for various purposes. The county society can be made to furnish without great cost or loss of time the opportunity of membership with the professional, social and material stimulus belonging thereto. It is through the county society that the individual must be reached and given the chance to register his views regarding the measures and questions which affect him and consequently the profession as a whole. Through it must be reached those who are indifferent to medical societies, and finally, through it and by its aid, we can reach and influence the legislator at his home and among his supporters, and, consequently, where influence will have the best effect. We trust that a strenuous effort will be made at the coming meeting of the Medical Society of Nova Scotia to co-ordinate the functions of the county and provincial organizations so as to mutually strengthen both.

THE CANADIAN MEDICAL ASSOCIATION MEETING AND THE ST. LOUIS EXPOSITION.

Reference was made in our last issne to the meeting of the Canadian Medical Association at Vancouver, on the 23rd to the 26th of August. It is being strongly urged that a large representation from the east

will take this trip, which cannot but prove instructive in every way. Now is the opportunity to view the grandness of our country and to some degree experience the vastness and extent of this Canada of ours. The Canadian Pacific Railway is offering splendid inducements to the visiting brethren by issuing low rate tickets. Just think, only $81.00 return from Halifax, and only $10.00 additional to reach St. Louis and return by Detroit and Toronto. If enough members will start from the Maritime Provinces, a special car will be provided, and if desiring to visit the St. Louis Exposition, the car will be taken there likewise and side-tracked near the Fair Grounds, so that it will be unnecessary to remain at a hotel and pay extravagant prices. Stop off privileges will be granted, so the members can have a splendid opportunity of visiting Winnipeg, Banff and Glacier on the way out, and Field, St. Paul, St. Louis. Detroit, Toronto and Montreal on the return. The same privileges probably will be granted to physicians' wives and daughters.

Further particulars will pe published in our next issue.

THE SOLUBLE FERMENTS OF COW'S MILK.

Under this caption we reprint in this issue a very interesting paper by Dr. Joseph Lesperance, of Montreal, which originally appeared in the *Medical Record*. It is a very clear and succinct resumé of recent work upon some organic ferments, and will be read with interest because of the light it throws upon several obscure problems in dietetics. Although Dr. Lesperance merely recounts in his paper the results of the work of others, he is himself an investigator in this field, and has for some time been working at the problem of how to retain in milk-preparations the enzymes which are destroyed by the common methods of sterilization. The result of the work he has thus far accomplished has been given practical issue in the excellent preparation known as lacto-globulin, which is stated to be a pure albumen identical with the globulin of the blood, and containing in concentrated form the valuable digestive ferments or enzymes of fresh milk.

Personals.

Dr. J. F. Lessel has returned from Port Mulgrave and will practice in this city.

Dr. G. G. Gandier has returned from London, where he devoted his time to diseases of the eye, ear, nose and throat. He has opened an office in the St. Paul Building.

Dr. N. E. McKay and family have gone to London to remain some months, where the doctor will engage in further surgical study.

Dr. Roberts Bartholow died on May 10th. He was the author of a number of medical books, his "Materia Medica" particularly being extensively read.

Dr. Lorenz, the famous Vienna surgeon, received the degree of LL. D. from Jefferson Medical College, May 27th.

Dr. D. G. J. Campbell has arrived from Baltimore after having taken a course at Johns Hopkins University. Before leaving the doctor was presented with a handsome cigarette case of gun metal inscribed as follows: "Presented to Dr. D. G. J. Campbell by his Baltimore admirers, for saving the life of an unknown child at the risk of his own, Nov. 21st, 1903."

Dr. Murray MacLaren, of St. John, has returned from his trip to Europe.

Dr. W. O. Farquharson, formerly of Halifax, now of Glen Margaret, and Miss Bertha McAlpine, daughter of Chas. McAlpine, of the McAlpine Publishing Co., were married on the 15th inst.

Bellevue Hospital, New York, is to be rebuilt at a cost of $11,000,000. It is designed to be the greatest hospital on earth.

Drs. T. D. Walker and J. R. McIntosh, of St. John, attended the meeting of the Lodge of the Mystic Shrine on the 9th inst. in this city.

Drs. F. S. L Ford, of New Germany, W. H. McDonald, of Rose Bay, and M. W. McAulay, of Thorburn, attended the meeting of the Masonic Grand Lodge on the 8th and 9th inst. in this city.

Obituary.

Dr. C. P. P. Cameron.—The death of Dr. C. P. P. Cameron took place at Westville, on May 26th, after an illness of eight days. The cause of death was due to septicæmia following a furuncle on the neck. Dr. Cameron was a young man, quiet and unassuming and a general favorite with all, and it is extremely sad that death should have cut him off so early in his career. He graduated from Dalhousie University in 1902, then practised at Harbor-au-Bouche, and about a year ago located at Westville. Dr. C. P. Bissett, of St. Peters, is a brother-in-law of the deceased. Dr. Cameron was a native of St. Peters, C. B., and his body was taken there for burial.

Dr. F. S. Wade.—The death of Dr. Frederick S. Wade, of Port Maitland, on May 26th, was a sorrowful surprise to the citizens of that vicinity. While seriously ill for several weeks it was hoped that a change for the better would ensue. For eighteen years he practised at Port Maitland where he was respected by all, and had grown into the fullest confidence of the people. He leaves a widow and five children to mourn their loss. The funeral was very largely attended and Drs. Farish, Fuller, Putnam, and Morse acted as pall bearers.

Dr. Howard S. Densmore.—The news of the death of Dr. Howard Densmore, the well-known and highly esteemed physician, late of Elmsdale, caused sadness in many families where his kindly face and sympathetic nature made him a general favorite. Dr. Densmore was born at Noel Shore, Hants County, thirty-eight years ago. He was the second son of Captain Levi Densmore, who was one of the most enterprising and successful sea captains on that shore. From his boyhood Dr. Densmore manifested a love for study. Four years of his early life were spent at sea, during which time he passed from sailor to the position of chief officer in his father's ship. His last voyage was a notable one, in the fact that owing to the severe sickness of the captain (his father) he was obliged to assume full command of the ship, which he did with success, though but a boy, and in addition to the responsibility of the command of the ship he nursed his father back to health. Leaving the sea he turned his attention to medicine.

One year was spent in the Halifax Medical College, and three years at the College of Physicians and Surgeons, Baltimore, where he graduated with honors. After graduating he began at once the practice of medicine at Elmsdale, where he continued for eleven years, winning a high reputation as a family physician. While attending to his practice which rapidly extended in all directions, he was at the same time a man among men and studied the wants of the community, and took an active interest in municipal affairs, and three years ago was elected to the office of conncillor in the district of Elmsdale. Failing health forced him to relinquish his practice and he went to his father's for rest. Entertaining a strong hope that he would fully recover his health and with a desire to further qualify himself for usefulness in his profession he went to London to take a three months' course. After studying for three weeks his strength failed him and he was reluctantly obliged to give up and return home. During his sickness tokens of love and expressions of sympathy were continually coming to him from his many friends at home and abroad, testifying to his worth and expressing the hope and prayer that he might recover.

The funeral took place at his father's residence, Noel Shore. The service was conducted and the sermon preached by his personal friend, Rev. A. W. Main. Mr. Main spoke in high praise and paid a warm tribute to the work of Dr. Densmore. He was followed by a large concourse of sorrowing and sympathizing friends to Lower Selma cemetery, where the interment took place.

Dr, D. A. Dakin.—The death of Dr. D. A. Dakin took place at Pugwash on the 15th inst.

Dr. Dakin had been a citizen of Pugwash for over thirty years. He was born at Digby N. S., in 1836. He graduated from the Harvard Medical School in 1870, and first went to Halifax, but on account of ill-health left the city and went to the northern part of the Province, where he had since remained. He was Marine Doctor for Pugwash for many years and was also Coroner and Physician to the County Asylum situated there. A prominent Oddfellow and also a Mason he will be much missed by these fraternities. He leaves a widow, formerly Miss Mary Dunbar, of Weymouth, N. S., and three children, Miss Hattie, Fred, partner in the firm of F. R. Dakin & Co., and Warren, B. A., (Mt. Allison), to morn the loss of a kind husband and a loving father.

The funeral took place on the 17th inst., the service being held in the Methodist Church, of which the deceased had been a life-long member. Rev. D. Farquhar, pastor, conducted the service, assisied by other local clergymen and also Rev. C H. Haverstock. of Middleton, N. S. The pastor spoke from the text "Blessed are the dead who die in the Lord."

As the funeral procession proceeded to the cemetery, the clergymen, the local medical men with a number from other parts of the county, and the Oddfellow's Order, preceded the body. Following was a very long procession of friends from the town, surrounding country and various parts of the County, who had come to pay the last tribute of love and respect to one who by his kindness, ready sympathy and uprightness, had won a very warm place in their hearts.

Book Reviews.

International Clinics.—A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles by leading members of the Medical Profession throughout the world. Volume 1, Fourteenth Series, 1904. Published by J. B. Lippincott, Philadelphia; Canadian Representative, Charles Roberts, Montreal.

Drs. Widal and Javal are the writers of the first article: "The Chlorid Reduction Treatment of Parenchymatous Nephritis." Evidently the writers are satisfied as to the harmfulness of salt in parenchymatons nephritis as the tests carried on seem to prove. The article is most interesting and instructive. "Adonidin: A Clinical Study" by Dr. R. W. Wilcox, of the Post-Graduate School, New York, gives some important points in the use of adonidin, which is a glucoside, derived from the false hellebore (Adonis vernalis). A number of sphymographic tracings and clinical reports are given to prove that it is a valuable remedy. The author says that cardiac energy and the urine are increased, and its field of usefulness is not entirely filled by digitalis. "The Therapeutic Applications of Colloid Silver" by Drs. Netter and Salomon of Paris, is a practical contribution of much value. The writers strongly advise colloid-silver (collorgal) in the majority of infectious diseases, such as pyæmia, septicæmia, puerperal infection, etc., thus fully agreeing with Crede's experiments in the use of this particular silver salt. Dr. N. S. Davis, of Chicago, gives some valuable points in an article on "Pneumonia" in which venesection is advocated in the early stage of the disease, and calomel recommended as a valuable intestinal antiseptic and toxin evacuant. "Progress of Medicine," during the year 1903, which comprises over 100 pages, is a compend on the most practical subjects and will be a most valuable reference guide. Dr. D. L. Esdall, of the University of Pennsylvania, deals with the department of.

medicine, Dr. J. C. Bloodgood, of John Hopkins, with surgery, and Dr. A. A. Stevens, of the University of Pennsylvania, with treatment. The usual number of valuable plates are given throughout the volume which is in every way highly meritorious and creditable to the editor and publishers.

A Manual of Clinical Diagnosis by Means of Microscopical and Chemical Methods for Students, Hospital Physicians and Practitioners. By CHARLES E. SIMON M. D., of Baltimore.

Fifth edition thoroughly revised and enlarged. Illustrated with 150 engravings and 22 plates in colors. Lea Brothers & Co., Phil., and N. Y. Price, $4.00 net.

With the appearance of the first addition of this work in 1896, a long felt want was filled, and the general practicioner as well as the laboratory worker hailed its appearance with delight. That its popularity has not waned is shown by the appearance of a fifth edition within eight years of the first. The book is undoubtedly the best on the subject in any language.

The present edition is thoroughly up to-date and consequently consider ably enlarged. The plates which have been added, particularly those dealing with the blood, are the best which have yet appeared. As in the previous additions the author's descriptions are remarkably clear and leave little to be desired. In addition to this he has devoted more space to that all important point, the interpretation of results.

We have no hesitation in recommending this book to every medical man and medical student.

Therapeutic Notes.

A CASE OF IDIOPATHIC ANEMIA.—Idiopathic anemia presents some very difficult conditions to relieve. During May, 1903, Mr. B. H , aged forty eight years, gave up his work as mail-carrier on a R. F. D. Route, took to his house and shortly after to his bed. He received good medical treatment from several competent physicians, but steadily failed till he seemed almost bloodless. During the autumn he was taken to Clifton Springs Sanitarium, where a blood count showed 1,500,000 red corpuscles to a cubic c. mm. and he was sent home as a case not suited to treatment. Less than three weeks ago I first saw him. He was confined to bed, dropsical, nearly bloodless, not greatly emaciated, hardly able to express an idea, brain being almost inactive. He had always chewed tobacco excessively; this I stopped abruptly and completely. I put him on pepto-mangan (Gude), in place of.....which he was taking and gave him $\frac{1}{20}$ gr. of arsenious acid in tablet form once daily.

For five days he lay partly comatose, then began to revive, and from that time on has improved very rapidly. The dropsy is all gone, and the mucous membrance of lips and eyelids are red. He sits at the table and eats several pounds of red meat daily, sleeps quietly, and his brain works easily and actively. I am not puffing any particular medicine; indeed, I hardly know which to give the credit to—the pepto-mangan or the breaking of the tobacco habit. He has never asked for tobacco since he "came to." He seems so amazed to find himself improving that he is willing to give it up. —*Reprinted from St. Louis Medical Era, March, 1904.*

CHAS. L. LANG, M. D. Weedsport, N. Y

THE PROPRIETY OF BEARING TESTIMONY TO TRUE MERIT.—In a practice of over fifteen years I do not think I have written over three or four testimonials for proprietary medicines, but I cannot see any impropriety in bearing testimony to a truly meritorious remedy, and especially where that remedy has stood the test of time with thousands of physicians who with one accord verify its curative virtues in a certain line of disorders. This is true of the preparation, Sanmetto, which I consider a wonderful remedy and almost a specific in all inflammatory diseases of kidney and bladder. I prescribe it daily in my practice, and it has never yet disappointed me, but has frequently surprised me by its wonderful curative powers. When I am called to treat a case of cystitis my thoughts revert to Sametto; in fact, I have learned to associate Sanmetto with cystitis, and from the thousands of testimonials received, and the number of favourable reports in the medical journals, I hardly see why the manufacturers of Sanmetto desire more. It seems to me that a physician who does not know of the virtues of Sanmetto is very far behind the age.

Columbia, La. W. P. HOUGH. M. D.

THE PAIN IN RHEUMATIC GOUT—Chas P. Heil, M. D., late Professor of Anatomy, Indiana College of Medicine, Indianapolis, Ind., in the *Mobile Medical and Surgical Journal*, states: "Many of the cases of rheumatic gout which I have treated were of an obstinate and complicated character and I must state that I myself have been suffering with an attack in the nature of a very severe inflammatory condition, situated in and over the articulations of my wrist, knee and ankle joints. The pain which I suffered most of the time was indescribable. I placed myself under the care of a physician, who, upon examination, pronounced me also slightly affected with cardiac trouble. I suffered the most excruciating pain for ten days and nights, without alleviation of my sufferings, nor apparent signs of progress for the better.

Knowing full well the efficiency and value of Antikamnia Tablets in these cases, I took two tablets and about ten minutes after taking them the pain was relieved, I perspired slightly and then fell into a gentle sleep. The result was simply magical. I slept eight hours in perfect rest, free from all pain. I continued the two tablets every four hours during my convalescence and until complete recovery.

SOMETHING TO CONSIDER.—After many trials of a remedy that has previously given you satisfaction, have you ever experienced a time when results seemed to fail? You evidently presumed that your old-stand by had lost its efficacy, when in reality, if upon investigation, you will many times find that your patient is taking a worthless substitute and not the genuine product. Dysmenorrhoea, that most painful affliction of women, readily responds to treatment with Hayden's Viburnum Compound and as this well-known remedy is always uniform good results follow its administration.

All reputable products are imitated which is the best evidence of the value of the original preparation, therefore, where pain is manifest, it is important that the genuine Hayden's Viburnum Compound be administered.

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