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# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science,  
Criticism and News.

Vol. XIII }  
No. 11. }

TORONTO, JULY 1, 1881.

Price 30 Cents.  
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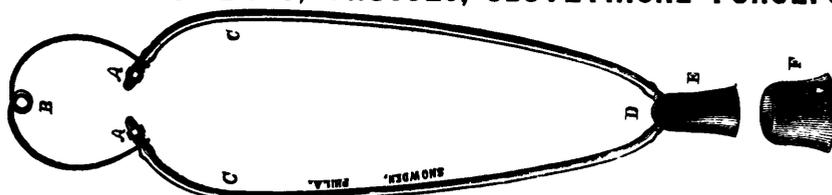
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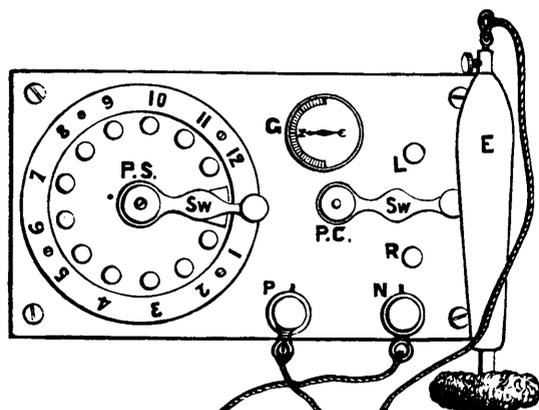


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**CLINICAL TEACHING.**—No pains will be spared in imparting daily clinical instruction in the spacious wards and theatre of the General Hospital, and every opportunity will be given students of seeing for themselves, with the members of the Hospital Staff, all interesting cases—Medical and Surgical.

**PRACTICAL ANATOMY.**—Practical Anatomy is very thoroughly taught. The supply of material is abundant, and the dissecting room is under the personal care of gentlemen who have had ample experience in the best anatomical schools in Great Britain.

**FEES FOR THE COURSE.**—The Fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, and General Chemistry, \$12 each. Practical Anatomy, Practical Chemistry, and Microscopy, \$8 each; Medical Jurisprudence, \$7; Clinical Medicine, and Clinical Surgery, \$6 each; Botany and Sanitary Science, \$5 each; Registration Fee (payable once only), \$5. Students are free in all the regular Branches after having attended the School during two full courses. Special arrangements have been made for gentlemen desiring to enter this School, who may have attended two or more courses of Lectures in other recognized Schools or universities. Dental and other casual students can attend any course of Lectures in this Institution on paying the usual fees for the same.

**HOSPITAL FEES.**—The Toronto General Hospital, \$20 for a perpetual ticket; the Lying-in Hospital, \$5 for six months.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas, Fellowship, etc., will be given in the annual Announcement, for which, apply to

J. FRASER, M.D., *Secretary.*

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OR, THE

## SCIENTIFIC PREPARATION OF FOOD

Has lately occupied some public attention, and it may be anticipated that a more general knowledge of the chemical composition, preparation, and physiological effects of food will be the result. In this connection we submit the latest theory for the preparation of a perfect beef tea or "hygienic food," and in soliciting a perusal, trust it may prove not uninteresting.

Every vital action, mental or muscular, is accompanied with a proportionate waste in the structures of the body, and to renew this continuous waste is the ultimate design of all food. In order that food may be thus transformed into the various parts of the living organism, it is first essential that the materials of such structures shall be contained in the food supplied, for the human system is absolutely incapable of producing muscular fibre, cellular tissue, blood, brain, bone, etc., out of substances which do not contain the elements of which those organs are composed. And in proportion as food contains such elements in an available form, so is it termed nutritious or otherwise. Extract of Meat, or Beef Tea, is everywhere acknowledged as a harmless stimulant, serviceable in prostration, or as an adjunct to easily digested food; but outside medical or scientific circles it is not generally known that such extracts are simply the flavor of meat (technically the soluble salts of flesh), and as such are not in any real sense nutritious. In this connection we quote from the standard authorities, Drs. Edward Smith, H. Letheby, and Baron Liebig:

In the paper read by Dr. EDWARD SMITH before the British Association, August, 1860, he says of Meat Extract: "When, therefore, you have excluded fat, fibrine,

gelatine and albumen, what have you left? Certainly not meat, as we understand the word, for nearly every part of it which could be transformed in the body and act as food is excluded, therefore "Liebig's Extract of Meat" is not meat. It is clearly meat flavor. IT IS THE FLAVOR OF "HAMLET" WITHOUT "HAMLET," IT IS MEAT WITHOUT MEAT. Its true nutritive value is that which classes it with tea and coffee, and makes it a nervous stimulant. THE DELUSION rests with those who would regard it as a nutrient in the sense of meat or bread." And again: "Let its precise value be made known. Then we shall no longer have sick and dying men, women and children fed with Liebig's Extract of Meat, under the delusion that it is nutriment in the ordinary sense. Liebig's Extract is meat flavor—a nervous stimulant, and has good qualities, BUT IT IS NOT FOOD. All that is necessary for nutrition should be added to it."

The "London Examiner" says: "In making up the International Scientific Series, Dr. Edward Smith was selected as the ablest man in England to treat the important subject of foods." In his treatise on food, page 88, Dr. Edward Smith says:—"There is but little left in the extract to nourish the body, and the elements which it really possesses are salts and the flavor of meat which disguises the real poverty of the substance. If it then be asked why so much of the flesh is thus unused, we answer that only the soluble parts of the meat could be obtained in this form, whilst the insoluble but most nutritious parts are left behind, and only such of the soluble parts are retained as do not put on the putrefactive process, and hence nearly all nutritious matters are excluded. If it be further asked whether the popular belief in the value of this food is altogether based upon fallacy, we answer no, for it is a valuable addition to other foods, since it yields an agreeable flavor, which leads to the inference, however incorrect, that meat is present. If, however, it be relied upon as a principal article of food for the sick, it will prove a broken staff. ALL that is required for nutrition should be added to it. Liebig, in a letter to the "Times," stated that it is not nutriment in the ordinary sense, and Prof. Almen has shown the small nutritive value of this substance in the Transactions of the Medical Society of Upsala, in 1868. "USED ALONE FOR BEEF TEA IT IS A DELUSION."—Page 89.

Dr. H. LETHBY says: "False views have been entertained of the nutritive power of Extract of Meat, for as one pound of it represents the soluble constituents of 34 pounds of lean meat, it has been assumed that its nutritive power is in like proportion, but Liebig has taken care to correct this error by showing that the Extract merely represents the soup or beef tea obtained from that quantity of meat, and as it is deficient in albumen, it must be conjoined to substances which are rich in this material."—Cantor Lectures on Food, p. 165.

In the "Lancet" of November 11, 1865, Baron Liebig says:—"Were it possible to furnish the market at a reasonable price with a preparation of meat combining in itself the albuminous together with the extractive principles, such a preparation would have to be preferred to the "Extractum Carnis," for it would contain ALL the nutritive constituents of meat." Again:—"I have before stated that in preparing the Extract of Meat the albuminous principles remain in the residue; they are lost to nutrition; and this is certainly a great disadvantage."

For further reference see the works of Voit, Meissner, Bunge, *The British Medical Journal*, 1872, or any late authority on the subject.

To obtain a perfect Beef Tea, then, it is essential that the albumen and fibrine (which are the flesh-forming or nutritious qualities of meat) shall be added to the extractive or stimulative qualities, and that these shall be present in a form admitting of easy digestion by the most capricious and irritable stomach. This is the theory which led to the preparation of "JOHNSTON'S FLUID BEEF" (the only meat extract which fulfils all the conditions of a perfect food).

The "Christian Union," Glasgow, Sept., 1878, says:—"Some time ago a leading London Journal threw out the suggestion that it would be a good thing if some practical analyst, or somebody else, would discover an extract of unusual strength-renewing property to resuscitate the enfeebled constitution of those who, by overwork or study, had sacrificed themselves. The idea was admirable, and one which thousands have often expressed. And it will be surprising and welcome to such to learn that there is already an Extract just of the nature so ardently longed for. We refer to JOHNSTON'S FLUID BEEF which possesses all the nutritive properties that can possibly be contained in any preparation."

The "Lancet," London, July 13, 1878, says of JOHNSTON'S FLUID BEEF:—"The peculiarity of this preparation is that the ordinary Extract is mixed with a portion of the muscular fibre in a state of such fine division that the microscope is required to identify it. It is unnecessary to say that the actual food value of the Beef Tea is greatly increased by this admixture, and the medical profession have now a Fluid Meat which is comparable in nutritive power to the solid. The new preparation is excellent in flavor, and we cannot doubt that it will be very extensively used."

JOHNSTON'S FLUID BEEF, then, is essentially an Extract of Beef, prepared upon the most approved principles, but differing from all other Extracts or Essences or Beef Tea, inasmuch as it is in combination with the actual Beef itself, and that in a form so assisting nature in the process of digestion that it is readily absorbed by the most hopeless dyspeptic or prostrate infant. Animal food offers a means of strength not furnished by any other article of diet, but from an enfeebled state of the digestive apparatus such nourishment has not hitherto been available to many who most require it. Digestion proper is the process by which food is chemically dissolved so that the nutritious elements which it con-

# New Hypodermic Syringes!



These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxidation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the Syringe.

Syringes Nos. 2, 3 and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the Syringe in the usual place, protected by a metal shield. Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2 and 4; one only with No. 3. They are of refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

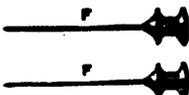
Prices: No. 1, \$3.50. No. 2, \$4.00. Postage, .03.  
 " No. 3, \$2.50. No. 4, \$3.50. " .02.



These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to most Hypodermic Syringes; and we believe that for convenience, durability, and nicety of construction, they have no superior.

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| No. 7 or No. 9, with two steel unplated needles, either.....  | 2.50   | .02 |
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No. 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and, for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in neat case..... \$3.50 .02

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See our other Advertisements in successive numbers of **THE LANCET**.

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THE CURRICULUM embraces three years of graded study. The Collegiate Year consists of a preliminary (or optional) Session of about fourteen weeks, and a Regular Session of six months.

THE REGULAR SESSION will open on the first Tuesday in September, and will close early in the following March. The Preliminary Session commences on the second Tuesday in March. During both the Preliminary and Regular Sessions, the several Professors will take special pains to examine the students upon the subjects of the previous lectures.

The large CENTRAL FREE DISPENSARY in the College building is open daily, and affords a vast amount of clinical material, which will be utilized for the practical instruction of the students. In addition to this, ample Hospital advantages are offered to the students of this College. The Michigan College of Medicine Hospital is under exclusive control of this Faculty, and is distinctively a Clinical Hospital, the students being brought into direct bedside communication with the patients.

FEES.—Matriculation Fee (paid but once), \$5; Annual Fees (including tickets for Regular and Preliminary Terms), \$60; Optional (or Preliminary) Term, to students who do not attend the Regular Session, \$15; Graduation Fee, \$20.

For further particulars, and for College circular, apply to

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ALWAYS SPECIFY SEABURY & JOHNSON'S PLASTERS.

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**PANCREATIC EMULSION or MEDICINAL FOOD, in Consumption and Wasting,** will always take precedence of Cod-Liver Oil, by reason of its introducing the Stable Solid Fats into the system instead of the evanescent fluid fats or oils.

No Oily Emulsions of any kind, not even Cod-Liver Oil itself, can supply the kind of Fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the Saponification, and ultimate Putrefaction, produced by the *Chemical Agents used instead of Pancreatic Juice, so that*

**PANCREATIC EMULSION, or MEDICINAL FOOD,** is the most reliable form of nutriment for counteracting all tendencies to Phthisis and other wasting Diseases. It presents to the Lacteals, Fat in essentially the same condition for assimilation and absorption as in the vigorous human frame, and the agent of the important change is the natural secretion of the Pancreas.

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**PHOSPHORUS PILLS.** 1-32nd of a grain, or any other strength required, non-resinous and perfectly soluble.

**PANCREATISED (Digestive) COD-LIVER OIL.** By combining the Pancreatic Juice with the Oil, the digestion of the latter is easily and rapidly effected, nausea is prevented, and the beneficial properties of the Oil are increased.

**PEPTODYN.** for Indigestion, a Combination of the whole of the Digestive Secretions—Pepsine, Pancreatine, Diastase, or Ptyalin. etc., forming an invaluable remedy in the treatment of all forms of Dyspepsia and all diseases arising from imperfect nutrition.

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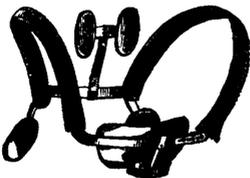
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AND ALL CHEMISTS THROUGHOUT THE WORLD.

Fig. No. 3: a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the bowels, spine or chest.

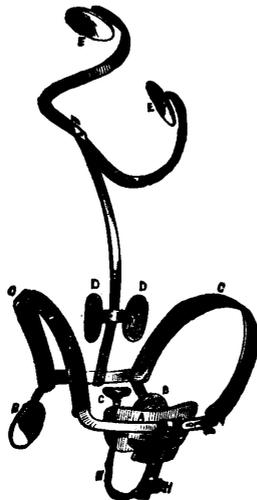
THE IMPROVED BODY BRACE.

FIG. 3.



ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.

FIG. 8.



No 8 is a general and grateful support to the hips, abdomen, chest, and spine, simultaneously and by itself alone, is ordinarily successful; but when not so, particularly in spinal and uterine affections, the corresponding attachments are required.

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Mechanical Support

Has the unqualified endorsement of over five thousand of the leading medical men of this country and Europe, and has been adopted by them in their practice

PRACTITIONERS

report to the Medical Journals and to us that cases of

**Hernia, Spinal Deformities and Uterine Displacement.**

which have gone through the whole catalogue of other Spinal Props, Corsets, Abdominal Supporters, Pessaries and Trusses,

*Yield Readily to our System of Support.*

AN EXPERIENCED PHYSICIAN IN ATTENDANCE FOR CONSULTATION.

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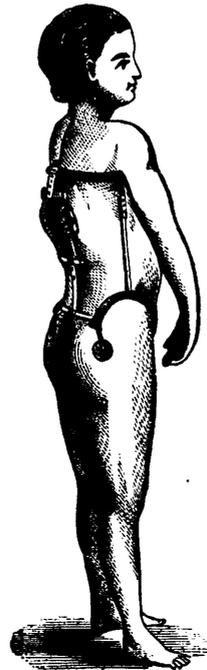
704 BROADWAY,

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NO OTHER OFFICE OF ADDRESS.

Send for our Descriptive Pamphlet.

FIG. 19.



3rd. From each armpit to corresponding tip of hip bone.  
4th. Height of person. All measures to be in inches.  
Measure over the linen, drawing the measure moderately tight.

HOW TO MEASURE FOR ANY OF THESE APPLIANCES.

1st. Around the body, two inches below the tips of hip bones.  
2nd. Around the chest, close under the arms.

No. 19. - THE IMPROVED REVOLVING SPINAL PROP, for sharp angular curvature, or "Pott's Disease" of the spine. Recent and important improvements in this have led to its adoption by the most eminent physicians.

# CATHARTIC ELIXIR,

OR

# COMPOUND LAXATIVE ELIXIR.

*Agreeable to the taste, and certain in its effects.*

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Physicians will find this Cathartic supply a want long felt by them. It is effective in small doses, acts without griping, does not occasion nausea, and is less apt to create irritation and congestion than any of the usual Cathartics administered. The combination consists of an Extract prepared from Alcoholized Tinnevely Senna, Butternut (*Juglans Cinerea*), Podophyllin, Rochelle Salt, Bicarb. Soda, with Aromatics; using, in addition, Tamarinds to disguise the disagreeable taste and increase the efficiency. We avoid, by our process of treating the Senna, the danger of rendering it inert, as is so often the case with the Fluid Extract and Decoction. The mild, but certain action of this Cathartic makes it specially valuable as a remedy for habitual constipation, as it will be found in small doses to act promptly, with a tendency to lessen the disposition to costiveness, instead of increasing it, as is so often the case with Drastic purgatives.

DOSE.—As a cathartic, adults should take a tablespoonful at night on going to bed, or before breakfast in the morning, unless directed otherwise by the physician. For constipation, where a gentle but regular action is desired, it will be well to take at first one or two teaspoonsful, as it is impossible to lay down any fixed rules for persons suffering from habitual costiveness.

The above directions, naturally, will often be modified by the attending physician, as he alone can judge intelligently of the susceptibilities of the patient.

Children, from 4 to 12 years of age, should take one or two teaspoonsful, when an efficient cathartic is desired.

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MANUFACTURED BY  
JOHN WYETH & BRO.,  
PHILADELPHIA.

# SACCHARATED PEP SIN.

(PEPSINA PORCI.)

*This preparation of Pepsin is manufactured from the fresh stomach of the pig, in a pure and palatable form, without heat. It represents the digestive principle of the gastric juice, in a very active state, and in the form most convenient for administration. It is prepared with every possible care from the inner coating of the stomach, first removed from the other tissues of that organ. Combined with sugar of milk it will be found free from the disagreeable taste of many Pepsins.*

*Ten grains dissolved in acidulated water will digest from one hundred and twenty to one hundred and fifty grains of coagulated albumen at 100° F. in from four to six hours.*

*The experience of physicians has been so favorable to the use of Pepsin as an aid to impaired digestion and kindred affections, that it is only necessary to say the Saccharated Pepsin we manufacture exhibits the principle most fully, and will give therapeutic results to the entire satisfaction of the physicians wishing to prescribe this remedy.*

*Liquor Pepsinæ.—Each tea-spoonful of the Liquor Pepsinæ prepared by us represents the full dose of our Saccharated Pepsin, five grains, combined with Lactic and Muriatic Acids, Glycerine and water.*

**JOHN WYETH & BRO.**

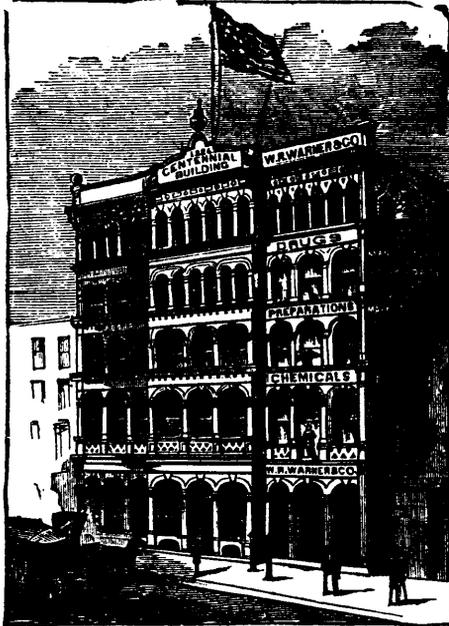
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The most Extensive Pill Manufactory in the World.

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## SUGAR-COATED PILLS, GRANULES, PARVULES, AND SPECIAL PHARMACEUTICAL PRODUCTS



Five World's Fair Medals, and Twenty Years' experience  
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"I take pleasure in testifying that W. R. WARNER & Co.'s QUININE PILLS are practically just WHAT THEY CLAIM TO BE, whether judged by ANALYTICAL TESTS or by the THERAPEUTIC EFFECT obtained from their use.

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I have used WARNER & Co.'s SUGAR-COATED PILLS for more than fifteen years, and I do not hesitate to say that, in respect of solubility, THEY ARE SUPERIOR TO ANY COATED PILLS I HAVE EVER TRIED, not excepting those coated by gelatine. They possess one quality which I do not find in most other Pills, viz a moist condition of the enclosed ingredients.

ROBT. HUBBARD, M. D.

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KERRY, WATSON & CO., Montreal, Canada.

LYMAN, CLARE & CO., " "

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# INGLUVIN

Brooklyn, N. Y., August 10th, 1878.

Dear Sirs:

It is with great pleasure that I report to you briefly my experience, and also that of eminent Physicians, as to the valuable medicinal qualities of **INGLUVIN**, and testify to its superiority in all cases, over Pepsin.

Drs. J. A. Howe and E. P. Lusk, of Newburyport, Mass., report a case of Chronic Dyspepsia, as follows: Our associate in medicine, Dr. E. Cross of this city, was taken violently sick. For a time his life was despaired of; everything was tried, but with no good effect. Finally, **INGLUVIN** was administered in doses varying from 5 to 10 grains; to our surprise, the patient began at once to mend, and rapidly convalesced. We cannot speak too highly of **INGLUVIN** in this case; it is certainly a valuable remedy.

Dr. F. W. Campbell, of Montreal, Canada, says that with **INGLUVIN** he cured 3 out of 4 cases of **VOMITING** in **PREGNANCY**.

Dr. C. F. Clark, Brooklyn, N. Y. has used **INGLUVIN** very extensively in his daily practice for more than a year, and has fully tested it in many cases of **VOMITING** in **PREGNANCY**, **DYSPEPSIA** and **SICK STOMACH**, with the best of results.

Dr. Edward P. Allen, New Bedford, Mass., mentions a case of Vomiting, caused by too free use of Intoxicating Liquors; **INGLUVIN** was administered in the usual way, the effect was wonderful, the patient had immediate relief.

A gentleman living in Toronto, Canada, gives his experience. He says, I was suffering terribly from Indigestion. I could eat nothing, life was almost a burden to me. **INGLUVIN** was prescribed in 5 to 10 grain doses, the medicine was taken for about two weeks; result, a permanent cure.

In fact were I to note all the remarks of the profession and my experience in relation to this remedy, and report to you the cases in detail, you could fill a volume with expressions as to its great efficacy in the troubles for which it is recommended.

Yours Respectfully,

Chas. H. Bennett,

114 Lequeur St., Brooklyn, N. Y.

# THE CANADA LANCET,

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## Original Communications.

### PRIMARY TUBERCULOSIS OF THE LARYNX.

(Delivered before the Ontario Medical Association, in Toronto, June 1st, 1881.)

BY L. L. PALMER, M.D., C.M., TORONTO.

Surgeon Eye, Ear and Throat.

M. N., æt 28, unmarried, clerk in a store; complained of having had an attack of hoarseness, and some soreness of throat two months. When he came to me Jan. 6th, 1881, he stated that during this time he had suffered pain on deglutition, and hoarseness which now was very marked, but not amounting to aphonia; during this interval he had improved very much, so that he considered himself almost well, but after Christmas he went to the skating rink, where he took cold, and immediately grew worse. During no part of this time had he the slightest cough, nor any symptom of chest affection; temp. 99° F; pulse, about 92; respiration, 21. On careful auscultation and percussion, I found no abnormal sounds audible. Laryngoscopic inspection however disclosed the characteristic picture of a Phthisical Larynx with the exception that there was not that marked pallor which is generally present.

The whole mucous surface of the larynx was much swollen. The epiglottic folds looked like two large solid pyriform tumors—the larger ends being against each other in the median line, to such an extent that the inter-arytænoid fold was lost in the swelling, and the small ones directed upwards and outwards; the epiglottis was much swollen and turban like; vocal cords were red, and seen peeping out underneath the much swollen ventricular bands, and the mucous membrane of all these parts was intensely red, with several points of small ulcera-

tion on the free margin and under-surface of epiglottis and arytenoid cartilage of right side. I considered these appearances, though exceptional in point of colour, in all other respects sufficiently typical to enable me to diagnose it without a doubt tubercular laryngitis—the whole was overlaid with pale, pultaceous deposit.

The patient visited my office frequently and regularly without any marked improvement, though he experienced marked relief from anodyne inhalations of *co. tinc. benzoin conium* and local applications of boracic acid and morphia, after which deglutition was rendered less difficult. New points of ulceration continued to form, and those already existing, gradually coalesced, forming serpiginous ulcers on the epiglottis and aryepiglottic fold, this condition continued to progress, until these ulcers with one another, and with others coalesced, and on the 21st of January, I first discovered on physical exploration of the chest, dullness at the right apex with faint bronchial respiration. The left side still gave normal sounds. This diagnosis was corroborated by another medical man after a careful examination; the pulse now beat about 100, and the temp. was 101° F. This abnormal condition gradually and rapidly extended over the right lung, and soon invaded the left side. Cough also became troublesome, and other symptoms of active tuberculosis, which soon confined the patient to his house; and finding local treatment afforded him no benefit other than a measure of relief, I advised him to go to his home in the country, where I learn he died a few days since.

I regret, gentlemen, that previous to Jan. 21st, I did not have other medical men to auscultate this patient, that I might have the satisfaction of presenting an opinion corroborative of my own. But in the absence of this, we may perhaps assume without arrogance, that the diagnosis was correct; and if so, we have then a case of tuberculosis of the larynx, with an *apparently* normal condition of the lungs. I say *apparently* normal, for in the present state of our knowledge on this subject, and in the absence of a *post mortem* at this particular stage of the disease, we cannot speak more positively. Every practical physician knows the difficulty, indeed the impossibility sometimes, after the most careful physical examination, of detecting small cheesy deposits or indurated spots in the lungs, especially when they are of long standing

and deeply situated. This, associated with a second difficulty, as asserted by Dr. Heinze, of diagnosing by the laryngoscope with absolute certainty the existence of tubercle in the larynx, and these with a third, in securing a *post mortem* at a stage when the larynx is believed to be tuberculous while the lung is not, will doubtless for some time keep the question of *primary tuberculosis* of the *larynx* wrapt in the mist of uncertainty.

Therefore the faithful report of cases carefully investigated, will ever be of value in throwing light on this subject, and clearing up a large and interesting pathological question, as well as one of practical bearing.

The theory asserted by some authorities of eminence, first and foremost amongst these, Louis, of Paris, that the ulceration of the larynx is to be attributed to the corroding effect of the sputa of pulmonary phthisis, seems quite opposed by the history of this case, and cannot hold good, for the laryngeal ulceration existed when there was no sputa other than the product of the larynx, and when there was no cough, as was the case during the first two weeks he was under my observation, and as he asserted was the case prior to this.

Recent researches of such men as Wendt, Isambert and Heinze have made such advance in the pathological study of tuberculosis as affecting the larynx, that laryngoscopists consider it now an accepted fact that tubercle does exist, and does pass through its pathological phases in these regions, and here it takes its seat as it does in the omentum, intestine, spleen and other organs of the body, in a certain sense, *de novo*, if not independently of its existence elsewhere.

Dr. Seiler, of Philadelphia, has reported a case in which he was called upon to make a *post mortem*, in his capacity as pathologist to the Presbyterian Hospital in that city. The patient died with all the symptoms of typhoid fever; she was a young coloured woman of eighteen to twenty years of age. Upon examination he failed to find evidences of typhoid fever, but he found tubercular deposits all through the mesenteric glands, intestines, and omentum, in fact throughout all of the viscera except the lungs; the larynx was perfectly sound.

With such instances before us I think it is safe to assume that we may yet have more clearly demonstrated to us that we may, and do have *primary* laryngeal phthisis with no pulmonic lesion. The

larynx is the common seat of catarrh, especially in variable climates. If catarrhal changes were developed underneath the mucous membrane—in the mucosa and submucosa of the larynx, we have, as far as the larynx is concerned, a condition in which tubercles are more readily deposited. May there not then under such predisposing conditions, be a tendency to an early deposit of tubercle in the larynx, while the lung remains intact? I would urge my belief, that in certain cases phthisical lesions *can* be detected in the larynx before there is any evidence of their existence in the lungs; these lesions are due to a peculiar infiltration of cells; and this obtained in the case which I have taken up your time to report, not so much to insist that it was a case of primary tuberculosis of the larynx, as to elicit the opinion and expression of others, and perhaps draw out a full discussion of the subject.

The following discussion took place after the reading of the paper:

Dr. Graham dissented from the idea of the existence of tubercle in the larynx apart from the lungs. It was possible to have disseminated tubercle existing in the lungs without being discovered by physical examination.

Dr. McDonald, of Hamilton, said that he had had cases, and *post mortems*, in which with very doubtful physical signs of chest affection, but with those of tubercular laryngitis very prominent, the lungs were found greatly diseased. Some of those who examined the patients pronounced against the existence of tubercle of the lungs, and yet they were found full of tubercles. No one could be certain of the absence of tubercle of the lungs till he had made a *post mortem* examination.

Dr. Bowlby, of Berlin, said that he had a case under his care at present, that he believed was exactly similar to the case reported by Dr. Palmer, but he did not know how we could satisfy gentlemen holding opinions such as those expressed by the last speaker except an ante-mortem examination could be held in each case.

Dr. Sloan regretted that the writer of the paper had not alluded to the means of diagnosis furnished by the thermometer. He believed that in every case during the deposition of tubercle, there was a continuous and persistent rise of temperature of one to two degrees. The great value of this appeared in doubtful cases, where the thermometer furnished almost absolute proof of the correctness.

of the diagnosis arrived at by the physical signs brought before them.

Dr. Hamilton, Port Hope, said that the case reported was one of the rapid cases. Tubercular phthisis may run its course in three months or may last as long as four years. It could be best studied in the slow cases. He had just had a fatal case of three years duration, in which, with a consumptive family history, there were decided laryngeal symptoms six months before there was any cough at all. There was aphonia for a year, and for some weeks extreme difficulty in swallowing, owing to ulcerative destruction of the epiglottis. He was quite prepared to accede that the disease might be manifested primarily in the larynx, so far as symptoms could be gathered *ante-mortem*. Tuberculosis is a constitutional disease, however. If we find an ulcer of the larynx, we should suspect its tubercular character if we find marked cushiony swelling in the neighborhood of the arytenoid cartilages conjoined with a paleness of the laryngeal mucous membrane which could best be described as a dirty doughy white. Syphilitic ulcers, malignant ulcers, and catarrhal ulcers being rationally excluded and our suspicions aroused, the only early lung symptoms worth relying on were increased vocal resonance and increased vocal fremitus in the apices of the lungs. This was caused by consolidation which may not yet have caused bronchitis and necessary cough, and could not be as certainly known by percussion or other auscultatory signs. Twenty years ago we were taught that the vast majority of phthisical lung lesions began in the apex. This was true in neither the pneumonic or catarrhal variety, nor in fibrous phthisis; but it was true in the tubercular and almost invariably so in laryngeal phthisis. He had in consultation given a most unfavorable prognosis in a case without any but the most trifling cough, and which proved fatal—relying upon the signs indicated. Progressive and considerable emaciation was significant. Vocal resonance and fremitus were normally greater on the right side. If the increase were on the left side it was an especially significant symptom.

**THE AGE OF OBSTRUCTION.**—Prof. Huxley says he has long entertained the conviction that any man who has taken an active part in science should be strangled at sixty. In his experience ninety-nine men out of every hundred become simply obstructionists after that age.

## THE TREATMENT OF THE NIGHT SWEATS OF PHTHISIS BY COTO.

(Delivered before the Ontario Medical Association.)

BY J. STEWART, M.D., L.R.C.P. & S., ENG.,  
BRUCEFIELD, ONT.

Twelve months ago, while administering the fluid extract of Coto to control the diarrhoea in a case of phthisis, I found that it arrested the night sweats with which the patient was troubled. Since that time, I have given this drug in twenty-two cases of night sweating with decidedly beneficial results in all cases, except two. In sixteen cases, the arrest of the sweats was prompt and long continued. In four cases, the sweats although controlled, soon returned. In two cases only, was there no influence seen. I will only give as illustrative examples the details of two cases. The first case is one where, in all probability, the arrest of the sweats was the means of arresting the further progress of an incipient phthisis.

**CASE I.**—Mrs. P., aged 23, married, complains of cough, shortness of breath, profuse night sweats, weakness and emaciation for four weeks. Her family history is bad—her appetite is poor; tongue denuded of its epithelium. There is an appreciable impairment of resonance under the right clavicle. The expiratory murmur is prolonged, and the vocal resonance is increased in the same situation. She was ordered 10 grains of bismuth every four hours, and ten minims of fluid extract of coto every evening. After the second dose of the coto the sweats ceased. The appetite quickly returned, and she soon regained flesh and strength. Since (a year) she has remained in excellent health.

**CASE II.**—The following case of contraction and induration of the left lung is given in more detail, on account of the instructive character of the physical signs. Mrs. S., aged 25, married, youngest child aged 3 months, complains of cough, severe chills, high fever, night sweats and great weakness.

The first symptoms of her present trouble came on three years ago. During her pregnancy, the urgent symptoms abated, her appetite was good and she gained rapidly in flesh. Four weeks after delivery she commenced to be troubled with rigors, high fever and night sweats. Her appetite failed and she lost flesh as rapidly as she had previously gained it. When first seen, her pulse was 120,

temp. 104.2 (6 p.m.), resp. 35. There is marked flattening, with deficient expansion of the left side. The resonance over the whole of the left lung is markedly impaired. An inch and a half from the left border of the sternum in the second intercostal space, there is to be seen a systolic impulse and on laying the hand over the same area a shock is felt which is diastolic in character. The second sound in the plumonary area is accentuated. She was given ten minims of coto every night. After the first dose, the sweats were less, and after the third they had entirely ceased, despite the fact that the temperature still went up every evening to between 103° and 104° Fah. At present this patient is free from fever and night sweats. There is physical evidence of a cavity (bronchiectatic?) over the supra-clavicular area. The two cases narrated are average examples of the way coto generally acts.

One of the cases where coto completely failed to be of any benefit, was one of rapid phthisis accompanied by great pharyngeal irritation. Atropine proved efficacious in this case, but it had to be continued for a lengthened period. Coto appears to possess the advantage over atropine of being more permanent in its effects. In the other case of failure, atropine, strychnine and oxide of zinc also failed to be of any benefit, and of being able to allay gastric catarrh which is generally present in these cases.

#### BILATERAL DIASTASIS AT THE SUPERIOR TIBIAL EPIPHYSIS.

*(Delivered before the Ontario Medical Association.)*

BY N. A. POWELL, M.D., EDGAR, ONTARIO.

E. B., born in Cobourg, Ont., in March, 1874. Nothing abnormal was noticed about her until she was several months old. Her mother then directed the attention of my friend the late William Wade, Esq., M.D., M.R.C.S., Eng., to a subdued crackling sound produced below each knee joint when the child kicked strongly, and also to an abnormal mobility and a deformity at these parts. Dr. Wade whose too early death has thrown upon me the duty of reporting this case, made an examination and recognised a condition of complete non-union between the shafts and upper epiphyses of the tibiæ. By muscular action while lying upon the back, by an attempt to stand upon the feet, or by passive motion at the hands of the surgeon there

was produced a dislocation outwards of the upper end of each tibial shaft, and its corresponding fibula. The father of the child, a practical worker in plaster of Paris, assisted the Dr. to make two casts which I show you, and which represent very fairly the appearance of the limbs. Chloroform was administered while the moulds for these were being taken. The curved cast is from the right leg with the bones displaced, the straight one from the left leg with its dislocation reduced. To further illustrate this interesting state of the limbs, four photographs were taken, copies of which I show you. There was absolutely no history of injury, neither tenderness nor other sign of inflam-



mation was at any time present, and these facts, with the appearance of the distortion before the child was able to sustain her weight, led Dr. Wade to consider the want of union to have been congenital. The bilateral symmetry of the diastasis was in itself a strong argument against its being of traumatic origin. Besides, the mother was in this instance the sole nurse, and being a lady of close observation and good intelligence, no injury could have happened to the infant without her knowledge. A pair of Bavarian plaster shells were first applied; later, moulded gutta percha and other splints to keep the parts in apposition, but as each appliance produced ulceration by pressure, it was abandoned. As the child grew older and tried to walk, the unnatural mobility increased and displacement constantly recurred if the feet were not

kept widely apart. Instinctively the little girl adopted a queer waddling gait, and in this way could keep upright, and progress upon a level floor. This was the condition when I first saw the case in consultation with Dr. Wade in June, 1875. The expectation then was that false joints were inevitable and treatment had ceased. I advised, and at the request and with the assistance of the attending surgeon applied to both the lower limbs circular plaster dressings after the Bellevue Hospital plan for fractures of the femur. Each splint extended from the toes to the perineum. The art of walking with these on was soon attained, and I am disposed to think that the child got off with not more tumbles than usually fall to the lot of children whose legs are stiffened upon the articulate rather than the crustacean plan. Living at a distance from Cobourg I saw the patient but three times subsequently. On each occasion we removed and re-applied the dressings, each standing about three months wear. When they were finally left off, little if any preternatural mobility could be detected, but for some two years thereafter a slight clicking sound was occasionally heard. At the present time, as I am informed by a letter from the father of our patient, under date May 12th, 1881: "No unnatural sound has been heard for a long time. The child is well developed in every way, and can run and jump and play all day long." At certain parts of the skeleton instances of epiphysal separation, the result rather of strains or wrenches than of direct violence, are sufficiently common, and occur in childhood more frequently than in infancy. They have been recognized in the humerus, radius, femur and tibia. Dr. F. H. Hamilton in the latest edition of his great work on Fractures and Dislocations, quotes three examples at the lower end of the tibia, and one reported by Madam Lachapelle of separation of the upper ephypsis occasioned by pulling at the foot during birth. Dr. Gross has no knowledge of its ever having been produced by muscular action alone. In a somewhat limited acquaintance with the surgical literature of but a single language, I have failed to meet with the record of any case just parallel with the one above reported. Ambrose Pare gives a more complete account of the condition, than any modern writer whose work has followed me into the isolation of country practice. In the spring of 1875 Dr. Hamilton stated orally to me that he had never seen an

instance such as this. "Later he has written me: "The case is of great interest, and I regret that I had not had its history in time for the sixth edition of my work on Fractures and Dislocations."

This report has been prepared for transmission to Dr. H. I present it here first in order to add to the interest of the inaugural meeting of the Ontario Medical Association. May it be the forerunner of much good surgical work to be done at this and future meetings of the association.

### Correspondence.

#### HOUSEMAID'S KNEE.

To the Editor of the CANADA LANCET.

SIR,—A married lady aged 30, who had noticed a swelling over the patella for a few weeks, applied to me for advice, January 8th. She said her knee felt weak, and pained considerably after ordinary exercise about the house. There was no external soreness or redness, but the bursa was very much enlarged and tense. I prescribed a mixture of iodide of potassium, and an external application of Ung. Hyd. Nit. cum. Iod. This treatment was persevered in continuously until March 8th, with no benefit. I then inserted an aspirating needle and removed about an ounce of thick bloody serum—applied firmly over the patella strips of adhesive plaster, and bandaged the leg tightly. March 18th, fluid again collected in the bursa; had been gradually increasing for two or three days.

March 31st.—Bursa continued to enlarge—felt more painful and the motion of the knee was interfered with somewhat. Introduced the aspirating needle again and drew off half an ounce of thick bloody serum similar in appearance to that obtained at first. I then applied a rubber bandage tightly, and ordered the patient to keep the affected limb at perfect rest. After this no further indications of enlargement presented themselves and in a short time the patient resumed her accustomed duties fully restored.

I thought this case worthy of notice because the treatment by external applications frequently fails, while incision sometimes results in the formation of an abscess. Treatment with the aspirator and the judicious application of a rubber bandage combined with perfect rest for a few days, appears to be the simplest treatment, and the safest and least painful—*cite tuto et jucunde*.

Yours, &c.,

H. P. YEOMANS.

Mount Forest, June 16, 1881.

## Reports of Societies.

### ONTARIO MEDICAL ASSOCIATION.

The Inaugural meeting of this Association was held in Toronto on the 1st and 2nd ult. Dr. Covernton acted as provisional chairman, and stated its objects. He said it might be asked, why multiply associations when there are already in successful operation both county and Dominion organizations, but this, he said, had been answered by a committee of the Toronto Medical Society acting in conjunction with that of Hamilton. But comparatively few Ontario members could attend the meetings when convened at either Montreal, Quebec or Halifax, and the same disadvantages were felt by the Quebec and Gulf province members when a distant western point was settled on. The result, therefore, had been that practically the meetings had been more provincial than Dominion. The main design is the furthering of practical knowledge and skill, the requiring from all its members scientific aims and objects, and the repudiation of those who view the practice only in the light of a lucrative business. The various city and county medical associations have done much towards the furtherance of the purposes named, but their influence was but local and circumscribed, and they have contributed comparatively little towards uniting the profession in harmonious action. Such comprehensive working, would, he hoped, be obtained, through this provincial incorporation, and he trusted that the sister provinces would manifest equal zeal and judgment in promoting the advancement of professional knowledge by the inauguration of similar provincial societies, and that from these various associations there would be annually elected a large number of delegates to the Dominion Association. The Dominion society will thus partly include in its ranks the ablest and best men in the profession, and would in this manner be in communication with the whole fraternity. From the transactions of these various societies (which he hoped would be yearly bound up with the reports of the Dominion organization) a rich mine of scientific research, important facts, investigations, and reliable medical data, may be fairly expected, and through these channels the professional acquirements and latent literary powers of many members of the profession be

educated. It might be thought the plan laid out trenchanted upon the domain of the National Association. But he trusted that the two would be, not rival, but sister Associations. He announced that a constitution and by-laws had been drawn up by the joint committee of Hamilton and Toronto. This had been done to save time, and he trusted the result of the Committee's labours would be found acceptable to the meeting at large.

After a brief intermission the proposed constitution and by-laws was read, and after some discussion adopted with slight amendments. The fee for membership was placed at \$2.

A committee was then appointed to nominate the officers and standing committees of the Association, after which the meeting adjourned until 2 p.m.

In the afternoon session the nominating committee presented their report, and the following officers were unanimously elected :

*President*, Dr. Workman, Toronto ; *Vice-Presidents*, Drs. Irwin, Kingston ; Tye, Chatham ; Macdonald, Hamilton ; McMillan, Alexandria. *General Secretary*, Dr. White, Toronto. *Treasurer*, Dr. Graham, Toronto. *Corresponding Secretaries*, Drs. Stewart, Brucefield ; Woolverton, Hamilton ; Hamilton, Port Hope ; McDonell, Alexandria. *Committee on Credentials*, Drs. Pyne, Toronto ; McGregor, Chatsworth ; Beeman, Centreville. *Committee on Public Health*, Drs. Douglas, Port Elgin ; Playter, Toronto ; Allison, Bowmanville ; Oldright, Toronto. *Committee on Legislation*, Drs. Ecroyd, Mount Forest ; Spohn, Penetanguishene ; Sloan, Blyth ; G. Wright and Covernton, Toronto ; Mullin, Hamilton. *Committee on Publication*, Drs. Fulton, Cameron, Barns, White and Graham, Toronto. *Committee on By-Laws*, Drs. Bray, Chatham ; A. H. Wright, Toronto ; More, Tamworth ; Tanner, Holstein ; Cotton, Mount Forest ; Bowiby, Berlin. *Committee on Medical Ethics*, Drs. Ghent, Priceville ; C. O'Reilly, Toronto ; G. McKelcan, Hamilton ; Carney, Windsor ; C. K. Clarke, Hamilton.

It was also decided to hold the next annual meeting in Toronto on the 1st and 2nd of June, 1882.

Dr. Workman, on taking his place as President, said the choice may have fallen upon him, because he was once professor of midwifery, and it would be in keeping that he should preside over the birth of the Association. He thanked the Association very heartily for the honour done him.

A vote of thanks was moved to Dr. Covernton, for his conduct in the chair during the organization of the Association, and duly acknowledged by that gentlemen.

Dr. Canniff, President of the Canada Medical Association ; Dr. Allison, of Bowmanville, Presi-

dent of the Medical Council; Dr. Covernton and Dr. Macdonald, Vice-President, were invited to seats on the platform.

Drs. Osler and Buller, of Montreal, were, on motion, elected Members by Invitation of the Association.

Dr. Palmer, of Toronto, then read a paper on "Primary Tuberculosis of the Larynx," describing a case in which the patient had died of tuberculosis of the larynx without early signs of tubercle being discovered in the lungs by physical test. He suggested that this might prove that laryngeal tuberculosis was not necessarily accompanied by any pulmonary disease. An animated discussion followed, in which Drs. Graham, Allison, Macdonald, Bowlby, Hamilton, and Sloan took part.

Dr. Groves, of Fergus, read a paper on "Supra-public Lithotomy," which was discussed by Dr. Canniff.

Dr. Oldright read a short paper on "Hip joint Disease with Osteophyte," illustrating it with specimens of the parts affected.

Dr. King next read a paper upon "Progressive Pernicious Anæmia," which was discussed by Dr. Osler of Montreal, and Dr. Graham.

Dr. Curry of Rockwood, read a paper on the "Science of Medicine and Common Sense," which was loudly applauded at its conclusion. He directed his argument against the homœopathic system, particularly the dictum "*similia similibus curantur*."

A letter was read from Dr. O'Reilly, Medical Superintendent of the Hospital, inviting members who could do so, to visit that institution. Invitations were read also to visit the Trinity and Toronto Medical Schools.

Taking advantage of such a large gathering of possible customers, several manufacturers of surgical instruments, surgical appliances, medical extracts, etc., arranged some extensive exhibits of their respective manufactures. The chief exhibitors were Messrs. Stevens and Son, 274 Yonge Street, Mr. E. B. Shuttleworth, Mr. Authors, Mr. Cluthe and Messrs. Elliott and Co., Toronto.

On assembling at eight o'clock, the discussion on Dr. Oldright's paper was resumed by Dr. Cameron followed by Dr. Canniff.

A paper was then read by Dr. Rosebrugh, of Hamilton, on "Forward Displacement and Descent of Uterus, with a description of a new Anteversion Pessary," which was discussed by Dr. Ross and Dr. Tye.

Dr. Coburn of Oshawa, followed, describing a peculiar "Case of Aneurism."

Dr. Graham, of Toronto, then read a paper on the "Therapeutic Uses of *Sapo viridis*," which was discussed by Drs. McGregor, Ghent, Ross, Macdonald, Harrison, Riddell and Hamilton.

Dr. Woolverton read a paper on a "Case of Partial Constriction of the Bowels," which was discussed by Drs. Graham and Cameron.

The Association then adjourned.

## SECOND DAY'S PROCEEDINGS.

The President took the chair at ten o'clock. The minutes were read and confirmed. The President then announced the following committees nominated by him.

*Surgery, Anatomy and Pathology*.—Drs. Malloch, Grasett, Groves, Stewart, Bridgland, Powell and Winskel

*Medicine, Materia Medica, and Physiology*.—Drs. Fulton, Sheard, Cameron, Campbell, Herod, Worthington, and Tucker.

*Obstetrics, Gynecology and Jurisprudence*.—Drs. Temple, Tye, Brock, Bowby, U. Ogden, Keating, and Carrall.

*Ophthalmology and Otolaryngology*.—Drs. Rosebrugh, Palmer, Ryerson, Walker, Kittson, and Bonnar.

*Necrology*.—Drs. Riddell, Curry, Bascom, Ghent, Knight, and Osborne.

*Audit Committee*.—Drs. Lett, Barrick, G. Wright, Harrison, Gillies, and Webb.

*Papers and Business*.—Drs. McCullough, Mullin, Sloan, Carney, McGill, Harris, Worthington, and Day.

*Arrangements*.—Drs. Fulton, Buchan, J. Ross, sr., and A. A. McDonald.

Dr. Canniff then read a very interesting paper on a "Case of Obscure Brain Disease," giving its history, and presented the patient for examination before the Association. Drs. Workman, Oldright, Cameron, Teskey and Temple, discussed the case.

Dr. Harrison, of Selkirk, then presented a case of "Hypertrophy of the Leg," of which he gave a full history, which for want of a better name he called "Elephantiasis." An interesting discussion followed, some regarding it as a species of elephantiasis, and others as simple hypertrophy in the absence of the usual clinical features of elephantiasis. Dr. Rosebrugh, of Toronto, read a paper on "Abscess of the Mastoid Cells from the Use of the Nasal Douche," and presented the patient before the Association, in which the mastoid portion of the temporal bone had been trephined for the cure of this affection.

The meeting adjourned until 3 p.m.

On resuming, Dr. Campbell of Seaforth, moved, seconded by Dr. Worthington, the following resolution. Resolved: "That in view of the very widespread ignorance amongst the masses of the people of the simple laws of health, and of the sickness which frequently arises from this ignorance, this Association is unanimously of opinion that if the subject of hygiene with some of the essential elements of physiology were substituted in the public schools for one or more of the much less essential subjects now commonly taught, and were made compulsory and taught to all pupils in the Public Schools throughout this Province so soon as they arrive at an age at which they could compre-

hend the same, it would tend in no small degree to prevent sickness, and to promote the well-being of the people of this Province, and that the following be a Special Committee to urge upon the Minister of Education the desirability of an early change being made in the schools on this behalf, viz. Drs. G. Wright, Fulton, Canniff and the mover and seconder."

He urged the importance of this matter, in an able and eloquent address claiming that members of the medical profession, though they made their living by curing disease, had no wish to see it spread, but on the contrary were to be found in every way advocating those reforms which would improve the physical condition of the people. He was followed by others who favoured some action being taken; after which it was referred to the Committee on Public Health to report at next meeting,

The following resolution, moved by Dr. Sloan, and seconded by Dr. Macdonald, was after some discussion, referred to the Committee on Business:—"That when the meeting of the Dominion Medical Association is held in a convenient locality in Ontario our meeting be united with, and merged into their's, on condition that our President be elected President of the Dominion Association for that year."

Dr. Powell, of Edgar, then read an interesting paper on "Congenital Separation of the Ephysis of the upper extremity of both Tibiæ," exhibiting photographs and plaster casts.

Dr. Yeomans then read a paper upon the "Treatment of Empyema." He was followed by Dr. Oldwright, who exhibited two patients who had been treated for the same disease by intermittent drainage. He was followed by Drs. Powell, Fulton, Malloch, Bowlby, Ross and others, with criticisms and suggestions.

Dr. Oldright then read a paper upon the "Disposal of Sewer Gases," illustrating with specimens of traps and pipes.

On the report of the Committee on Nominations, the following officers were elected for the next meeting of the Association:—*President*, Dr. Covernton, Toronto; *Vice-Presidents*, Dr. Mullin, Hamilton; Yeomans, Mount Forest; Irwin, Kingston; *Secretary*, Dr. White; *Treasurer*, Dr. Graham, Toronto; Committees the same as during the present session.

A resolution was carried, expressing the thanks of the Association to Dr. O'Reilly for his invitation to visit the hospital, and highly commending the condition in which the institution is kept.

Dr. George Wright then presented the report of the audit committee. It stated that the accounts had been examined and were correct, and recommended that the secretary Dr. White be recouped

for the preliminary expenses incurred by him in connection with the Association. The report was adopted.

The following gentlemen were then appointed delegates to attend the meetings of the British Medical Association and the International Medical Congress, viz.:—Drs. J. W. Rosebrugh, Hamilton; R. A. Reeve and W. B. Geikie, Toronto.

The meeting then adjourned until 8 o'clock.

After calling the meeting to order, a resolution was moved by Dr. Macdonald, and seconded by Dr. Oldright, to the effect that in view of the action taken by the medical members of the Ontario Legislature at the last session for the purpose of collecting statistics and disseminating information on sanitary matters amongst the inhabitants of this province, and believing that it would be a valuable means of promoting so important an object, therefore be it resolved, "That this Association cordially and unanimously endorses the action taken by the medical members of the Legislature, and trusts that they will urge as strongly as possible upon the Government during the recess and at the next meeting of the House the desirability of early legislation which shall make provision for the formation of a Provincial or Central Board of Health, similar to those now long in operation in a number of the neighbouring States and in many countries of Europe. Carried.

It was moved by Dr. Winstanley, seconded by Dr. Temple, and carried unanimously, that the sum of \$75 be granted the secretary as an annual honorarium.

Dr. McKelcan, of Hamilton, then read a paper on the "Treatment of Asthma by Chloral Hydrate," referring to a number of peculiar and difficult cases that had come under his notice.

In the discussion which followed, Drs. Wright, Ghent, Bowlby, Macdonald, Riddel, Covernton, Sloan, Madill, Powell, McGregor and Geikie gave their opinions and experiences regarding the utility and also danger attendant upon a too free use of chloral, the view that seemed to obtain most, was that small doses of the drug were of excellent assistance in the treatment of cases generally, but that it required the exercise of the greatest caution in administering it.

Dr. Geikie gave notice that the by-law dealing with the reading of papers be made to provide, that no member of the Association shall at any one meeting, read more than a single paper, or bring forward more than one subject for discussion.

It was announced that 132 members had registered their names during the meeting.

Votes of thanks were then tendered to the retiring president, the various railroad companies, etc., and the meeting adjourned to meet in Toronto on June 1st, 1882.

tains may be absorbed by the system. With the lean of animal food this change is effected in the stomach by the action of the gastric juice, but when this juice is deficient in quality, or quantity, it is incapable of affecting the centre of the morsels of food presented to it, and they in this unprepared state leave the stomach, bearing with them the causes of dyspepsia and its train of concomitant evils.

The theory of JOHNSTON'S FLUID BEEF has however solved the hitherto insurmountable difficulty, and furnishes all the desirable results of meat diet to those who are otherwise unable to digest animal food. In its manufacture the albumen and fibrine (or rather the entire lean of beef) is by a special process desiccated and mechanically pulverised to such a minute degree of subdivision that it is almost imperceptible in water. By this means the entire surface of every microscopic atom is presented to the direct action of the solvent juice, which, acting chemically and in combination with the digestive properties of meat essence, at once prepares the food for assimilation, and with the least possible expenditure of vital force, furnishes to the blood all that is necessary to impart tone to the nerves and substantial food for brain, bone and muscle.

### CHEMICAL ANALYSES.

By WM. HARKNESS, F.C.S., L., Analytical Chemist to the British Government. -- Laboratory, Somerset House, London, England. I have made a very careful chemical analysis and microscopical examination of Johnston's Fluid Beef, and find it to contain in every 100 parts:

Albumen and Gelatine	21.81	Flesh-forming Food.	Ash or Mineral Matter	14.57
Fibrine in a readily soluble form	37.48		Moisture	26.14

The mineral matter is rich in phosphates. The microscopical examination shows the Fluid Beef to contain good, sound beef, ground to a very fine powder. There is not the slightest trace of fungus, spores, or any other organism which would tend to produce decomposition. I consider this a most valuable preparation, combining as it does, a concentrated extract of beef with the solid beef itself, the latter being in a form easily digested. It is also free from the burnt flavor so much objected to in ordinary extracts of meat. IT IS ONE OF THE MOST PERFECT FOODS I HAVE EVER EXAMINED.

By Dr. J. BAKER EDWARDS, Ph. D., S.C., L.; F.C.S., Professor of Chemistry and Inland Revenue Food Analyst, Montreal. -- I hereby certify that I have made a careful analysis of the proximate constituents of "Johnston's Fluid Beef," and find it to contain:

Salts of Flesh and Moisture, Beef Tea Food	33.06	Fibrous or Meat Food	35.90
Albumen or Egg Food	29.50	Mineral or Bone Food	1.70

I consider this an invaluable preparation, containing as it does, in addition to the well-known Liebig's Extract, which has been aptly named "Wine of Meat," the nutritive value of EGG diet and MEAT diet in a form readily soluble in the gastric juice. It is therefore a more complete and perfect food for children and invalids than Meat Extract alone; and moreover, having inspected the process of manufacture, I am satisfied that it may be relied upon as a uniform and very superior preparation.

By STEVENSON MACADAM, Ph. D., F.R.S.C., F.C.S., Lecturer on Chemistry, -- Analytical Laboratory, Surgeons' Hall, Edinburgh, 6th March, 1873. I have made a careful chemical analysis of a sample of Beef Powder, manufactured by J. L. Johnston, and find it contains as follows:

Albuminous or Flesh Matter	64.8	Moisture	11.21
Ash or Saline Matter	10.02	Oils and Fatty Matter	12.77

This is a highly nutritious article of diet, contains all the elements of Flesh Food in a concentrated form, is very palatable and easily digested, and is eminently suited for dietetic purposes, especially for invalids.

Extract from "Papers on Health," by Professor KIRK, Edinburgh. -- "Suppose we take such a substance as Johnston's Fluid Beef, which we feel sure must become a most popular food for invalids. This readily passes into the circulation, and is changed into the actual living substances that make up the body of man. It does not cause accumulation of fat, for instance. Those who, to our knowledge, have been strengthened by its use, have got firm in muscle and nerve, but less stout than before they used it.

In submitting the following extracts from the letters of our leading local physicians, we feel justified in stating that few if any of the gentlemen named have ever before given a certificate for any proprietary article. Unsolicited testimonials from medical men reach us daily.

Dr. NICHOLS, 631 Spruce Street, Philadelphia, says: -- "I have used it in a case of a child suffering from extreme debility after an attack of cholera infantum, the child began to improve immediately, and is still taking the Fluid Beef. I find it very palatable and nourishing, easily digested, and am satisfied that the contained fibrine is perfectly assimilated by the tissues of the body, as shown by a great gain of strength, &c. I feel assured it will meet with general favor."

**SIR THOMAS WATSON, QUEEN VICTORIA'S PHYSICIAN,  
PRESCRIBES JOHNSTON'S FLUID BEEF.**

Dr. NOLAN, of the Academy of Natural Sciences of Philadelphia, says:—"Johnston's Fluid Beef has given entire satisfaction."

JAMES TYSON, M.D., Professor of Gen. Pathology, Morbid Anatomy, in the University of Pennsylvania, says:—"I am using Johnston's Fluid Beef with a confidence which I have in no other preparation."

Dr. MALCOLM MACFARLANE, 1805 Chestnut Street, says:—"It is with unusual pleasure and confidence that I give my recommendation to Johnston's Fluid Beef. It is in the best form and the best preparation with which I am acquainted or have used."

Dr. LEONARDO JUDD, of Philadelphia, says:—"I can endorse thoroughly all that is claimed for Johnston's Fluid Beef, and am delighted with its superior excellence."

Dr. HOBNER, of Philadelphia, says:—"It is the most elegant preparation of the kind in the market."

Dr. SAMUEL ASHHURST, 1423 Walnut Street, Philadelphia, says:—"I have tested Johnston's Fluid Beef and find it to be strictly what it is represented. I prefer it very much to any extract of beef with which I am acquainted, and unhesitatingly recommend it as a most desirable preparation."

Dr. C. S. MIDDLETON, of Philadelphia, says:—"Johnston's Fluid Beef has given me the most satisfaction of any article of the kind heretofore brought to my notice."

Dr. DANIEL KARSNER, 4845 Girard Ave., Philadelphia, says:—"I have pleasure in confirming manufacturer's statements concerning its excellent and substantial food properties. It is exceedingly pleasant to the taste, and is in my opinion of incalculable value to the invalid."

Dr. JOSEPH KLAPP, 622 Spruce Street, Philadelphia, says:—"I feel assured that invalids and delicate persons in search of strength need only to use it in order to be convinced of the great advantages it possesses for that purpose."

Dr. S. R. SKILLEREN, 126 South 51st Street Philadelphia, says:—"It is the only preparation of beef that I have come across in which I have confidence, and I am sure its merits will recommend it wherever it is introduced."

Professor G. P. GIRDWOOD, McGill University, Montreal, says:—"I can strongly recommend its use to the public as supplying in the most easily digested form all the materials necessary for renewing the tissues wasted by disease."

Dr. ROSS, Montreal General Hospital, says:—"I believe it to be a most excellent nutrient for invalids and delicate persons."

Professor CHARLES CAMERON, Dublin, says:—"I can very strongly recommend Johnston's Fluid Beef."

Dr. MILLER, Edinburgh, says:—"It is a great boon to the invalid and to the public."

Dr. SMART, Edinburgh, says:—"I fully expect that it will ere long take precedence, both in professional and public favor, of all articles of a like kind, as it possesses qualities superior to all of them."

Dr. C. H. F. ROUTH, Senior, Physician to the Samaritan Hospital, London, says:—"It seems to me to fulfil a desideratum long sought for, and will prove of the greatest value in the treatment of disease."

Dr. DUNCAN, Surgeon, Allans S.S., "Polynesian," says:—"Patients suffering from vomiting in sea-sickness seem to retain it much better than any other preparation I have ever tried, and do not complain of the nauseous taste so often objected to in some other preparations."

Dr. JOHN RUSSELL, Surgeon to the Newcastle-upon-Tyne Infirmary, says:—"The theory of its manufacture appeals to one's idea of what PERFECT BEEF TEA ought to be."

Dr. S. FRED. PEARSE, South Kensington, London, says:—"I find your preparation of Fluid Beef the best in every respect I have ever met with."

Dr. R. CLARK NEWTON, Surgeon to the Newcastle Lyng-in Hospital, says:—"Johnston's Fluid Beef contains 50 per cent of nitrogenous or flesh-forming material. All other Extracts of Beef I have seen may be looked upon as stimulants only, and I have always deplored the confidence in their nutritious powers placed by invalids and the public."

JOHNSTON'S FLUID BEEF is now extensively used in British and Continental institutions, Hospitals and Asylums, and is prescribed by the medical faculty wherever it has been introduced.

Its adaptability is general to the invalid, the convalescent and the vigorous. To children it secures a strong muscular development, and for maternal nursing, imperfect mastication, athletic training, physical exhaustion, indigestion or mental overstrain, it is the perfection of known food.

**DIRECTIONS FOR USE.**—Add a small teaspoonful to a cup of boiling water and season to taste; or as a sandwich paste it may be used on toast, with or without butter. The can may remain open for weeks without detriment to the contents.

*Sold by Druggists and Leading Grocers. Price 35c, 60c. & \$1.*

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**Manufactured by JOHN L. JOHNSTON, Montreal, Canada.**

# DETROIT MEDICAL COLLEGE.

(Member of the American Medical College Association.)

SESSIONS OF 1880-81.

## FACULTY.

JAMES F. NOYES, M.D., Emeritus Professor of Ophthalmology and Otology.	ALBERT B. LYONS, M.D., Professor of Chemistry and Director of the Chemical Laboratory.
THEO. A. MCGRAW, M.D., PRESIDENT, Professor of Principles and Practice of Surgery and Clinical Surgery.	LEARTUS CONNOR, M.D., SECRETARY, Professor of Ophthalmology and Otology.
GEO. P. ANDREWS, M.D., Professor of Principles and Practice of Medicine and Clinical Medicine.	H. O. WALKER, M.D., Professor of Anatomy and Diseases of Genito-Urinary System.
C. B. GILBERT, M.D., Professor of Obstetrics and Diseases of Women and Children.	E. L. SHURLY, M.D., Professor of Materia Medica, Therapeutics and Laryngology.
N. W. WEBBER, M.D., Professor of Principles and Practice of Surgery and Clinical Surgery.	HAL C. WYMAN, M.D., Professor of Physiology, and Director of the Physiological Laboratory.
SAMUEL P. DUFFIELD, PH. D., M.D., Professor of Toxicology and Medical Jurisprudence.	J. W. ROBERTSON, M.D., Instructor in Practice of Medicine.
J. H. CARSTENS, M.D., Assistant Clinical Professor of Clin. Gynecology,	A. E. CARRIER, M.D., Instructor and Demonstrator of Anatomy,
F. A. SPALDING, M.D., Assistant Clinical Professor of Obstetrics.	MORSE STEWART, JR., M.D., Instructor in Materia Medica and Therapeutics.
J. G. JOHNSON, M.D., Lecturer on Diseases of Mind and Nervous System.	A. B. STEVENS, PH. C., Instructor in Pharmacy.
E. A. CHAPOTON, M.D., Lecturer on Pathology and Morbid Anatomy.	CHAS. G. JENNINGS, M.D., Instructor in Chemistry.
DAVID INGLIS, M.D., Instructor in Practice of Medicine.	
F. H. KNICKERBOCKER, M.D., Curator of Museum and Librarian.	

The Collegiate Year is divided into two sessions.

THE REGULAR SESSION opens Wednesday, September 8th, 1880, and closes March, 1881 (obligatory).

THE SPRING SESSION opens March 15th, 1881, and closes June 23rd (optional).

All candidates for the degree of Doctor of Medicine at the DETROIT MEDICAL COLLEGE must successfully complete the following system of training:

PRELIMINARY EXAMINATION must be passed by all candidates for admission who cannot present satisfactory documentary evidence that their acquirements are equal, if not greater than the standard adopted. Date of Examination, September 6th and 7th, 1880.

GRADED COURSE covers three regular sessions of six months each. The course of instruction has been so arranged as to carry the student progressively and systematically, from one subject to another in a just and natural order.

DAILY PRACTICAL WORK in Anatomical, Chemical or Physiological Laboratories during the first two sessions.

DAILY CLINICAL LECTURES during the first two sessions.

DAILY CLINICAL WORK in the HOSPITAL WARDS or DISPENSARIES during the entire last session. For this purpose the Senior Class is divided into small sections, and each section placed in charge of a Clinical teacher for one month. Then the sections change teachers, so that during the session every member of the Senior Class is taught to do clinical work in Diseases of the Eye and Ear, in Diseases of the Larynx, in Diseases of Women, in General Medical Cases, in Surgical Cases, in Diseases of the Skin and in Diseases of the Nervous System and in Obstetrics. Thus the student makes, or assists in making, examinations and in carrying out treatment, writes prescriptions and histories of cases, dresses wounds, applies bandages, watches the progress of pathological processes, internal or external, assists at operations, etc.

DAILY LECTURES AND RECITATIONS on the several scientific and practical branches of Medicine and Surgery during the entire three courses.

EXAMINATIONS at the end of each course on the studies of that course.

DIVISION OF STUDENTS.—The students are divided into three classes according to time of study and proficiency in study. Each class has its lectures, recitations, clinics, and Laboratory work distinct from the others. The small size of the several classes brings the student into intimate personal relations with his several teachers.

Three Hospitals—Harper's, St. Mary's and St. Luke's—with two large free Dispensaries, afford abundance of clinical material. All lectures are delivered on Hospital Grounds. The peculiar feature of this school is the intimate relations between its Didactic, its Laboratory and its Clinical teaching.

<b>FEES.</b> —For Regular Session, Registration, (yearly) .....	\$ 5 00
Lecture Fees .....	75 00
Final Examination .....	30 00
Lecture Fees to Third Course Students.....	50 00

Hospital Tickets free to all who take out other Tickets.

For Spring Session, the fees are \$10 to those who attend the Regular Course. All others are required to pay \$25, but \$15 of this will be credited in the fees of the next Regular Course attended. All fees payable before Matriculation Examination, to the Secretary, but are returned if the applicant fails to pass the examination.

Announcement and Catalogue, or more detailed account of the above can be promptly obtained by addressing the Secretary,

LEARTUS CONNOR, M.D., 92 Cass Street, DETROIT, Mich.

N. B. Under no circumstances will there be any reduction or remission of any of the published requirements of the College.

# CHICAGO MEDICAL COLLEGE.

MEDICAL DEPARTMENT OF THE NORTH-WESTERN UNIVERSITY.

## SESSION OF 1881-82.

H. A. JOHNSON, A.M., M.D., Emeritus Professor of Principles and Practice of Medicine.	J. S. JEWELL, A.M., M.D., Prof. of Nervous and Mental Diseases.
N. S. DAVIS, M.D., LL.D., Dean, Prof. of Principles and Practice of Medicine and of Clinical Medicine.	WM. E. QUINE, M.D., Prof. of Materia Medica, Therapeutics and Hygiene.
EDMUND ANDREWS, A.M., M.D., Prof. of Clinical Surgery.	MARCUS P. HATFIELD, A.M., M.D., Prof. of Chemistry and Medical Jurisprudence.
RALPH N. ISHAM, M.D., Prof. of Principles and Practice of Surgery.	LESTER CURTIS, A.M., M.D., Prof. of Histology.
EDWARD W. JENKS, LL.D., M.D., Prof. of Medical and Surgical Diseases of Women and of Clinical Gynecology.	R. L. REA, M.D., Prof. of Anatomy.
E. O. E. ROOLER, A.M., M.D., Prof. of Obstetrics and Diseases of Children.	HENRY GRADLE, M.D., Prof. of Physiology.
SAMUEL J. JONES, A.M., M.D., Prof. of Ophthalmology and Otology.	ROSWELL PARK, A.M., M.D., Demonstrator of Anatomy.
J. H. HOLLISTER, M.D., Prof. of General Pathology and Pathological Anatomy.	

The Collegiate Year in this Institution consists of a REGULAR AUTUMN AND WINTER SESSION, a special SESSION FOR PRACTITIONERS, and a SPRING SESSION. THE REGULAR SESSION begins September 27, 1881, and closes March 28, 1882.

This College was the first in the United States to adopt a graded system of instruction. All applicants for admission must possess at least a good English education, and present full evidence of the same. If an applicant has received the Degree of A.B., or presents a certificate from some reputable Scientific School, High School, or Academy, no matriculation examination will be required; otherwise he must sustain a satisfactory examination before a Committee of the Faculty. The Students are divided into 1st Year, 2nd Year, and 3rd Year Classes, instructions being given simultaneously in different lecture rooms. All Students are advised to pursue the three year's graded course, but if Students so elect, they can enter the middle course if they have studied medicine for one year previously, and can sustain a satisfactory examination upon the studies embraced in the 1st Year Course.

The Clinical advantages of this College, with the great number of Dispensary, College Clinic and Hospital patients cannot be surpassed. All professors of practical branches are members of the staff of Mercy or Cook County Hospital, or other charities. Students receive instruction, by the Faculty or Assistants, *without extra charge*, in these special branches which in some Institutions are considered as the perquisites of private teachers, for which additional fees are required (such as Gynecology, Ophthalmology, Otology, Laryngology, Physical Diagnosis, etc.). For several sessions each senior student has had the privilege of attending upon one or more obstetrical cases, and of witnessing important obstetrical operations.

*It is the aim of the Faculty to make all instruction in this College pre-eminently practical.*

THE PRACTITIONERS' COURSE, designed for Practicing Physicians only, was inaugurated in 1880. It has proven so satisfactory to all concerned that it will be continued and constitute a portion of each Collegiate year. This course will begin the day following the public Commencement exercises, and continue for four weeks, affording, by means of didactic and daily clinical instruction, special advantages to physicians for a rapid, yet thorough, practical review of the most important subjects in Medicine and Surgery. The SPRING SESSION consists of Recitations, Laboratory and Dispensary work, and Clinical and Didactic Lectures, beginning April 1st, 1882, and closing June 1st, 1882.

**Fees for Collegiate Year** (except Practitioners' Course), \$75. Registration Fee, \$5. Demonstrator's Ticket, \$5. Laborator Ticket, \$5. Mercy Hospital Ticket, \$6. Final Examination Fee, \$30. For Practitioners' Course, including Laboratory, Anatomical any Hospital Tickets, \$30.

For the Annual Announcement and Catalogue, or for any information relating to the College, Address

N. S. DAVIS, M.D., LL.D., Dean,  
65 Randolph St., Chicago.

# JEFFERSON MEDICAL COLLEGE,

## PHILADELPHIA.

The Fifty-seventh Session of the Jefferson Medical College will begin on Monday, October 3rd, 1881, and will continue until the end of the third week of March, 1882. Preliminary Lectures will be held from Monday, 12th of September.

### PROFESSORS.

JOSEPH PANCOAST, M.D.,  
General, Descriptive, and Surgical Anatomy (Emeritus).  
S. D. GROSS, M.D., LL.D., D.C.L. Oxon., LL.D.  
Cantab.,  
Institutes and Practice of Surgery.  
ELLERSLIE WALLACE, M.D.,  
Obstetrics and Diseases of Women and Children.  
J. M. DA COSTA, M.D.,  
Practice of Medicine.

WM. H. PANCOAST, M.D.,  
General, Descriptive, and Surgical Anatomy.  
ROBERT E. ROGERS, M.D.,  
Medical Chemistry and Toxicology.  
ROBERTS BARTHOLOW, M.D., LL.D.,  
Materia Medica and General Therapeutics.  
HENRY C. CHAPMAN, M.D.,  
Institutes of Medicine and Medical Jurisprudence.

The enlargement of the College, now in progress, will enable the Faculty to perfect the present system of *Practical Laboratory Instruction*, in all the Departments. Rooms are assigned in which each Professor, with his Demonstrators, will instruct the Class, in Sections, in direct observation and hand-work in the Chemical, Pharmaceutical, Physiological and Pathological Laboratories. Operative and Minor Surgery, and investigation of Gynæcological and Obstetric conditions on the *Cadaver* will be taught, as also Diagnosis of Disease on the living subject.

This course of Instruction is *free of charge, but obligatory upon* candidates for the Degree, except those who are Graduates of other Colleges.

A SPRING COURSE of Lectures is given, beginning early in April, and ending early in June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non-matriculates pay forty dollars, *thirty-five of which, however, are credited on the amount of fees paid for the ensuing Winter Course.*

CLINICAL INSTRUCTION is given *daily* at the HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE throughout the year by Members of the Faculty, and by the Hospital Staff, which is constituted as follows:—

#### SURGEONS.

JOHN H. BRINTON, M.D.,  
S. W. GROSS, M.D.,  
R. J. LEVIS, M.D.

#### OPHTHALMIC SURGEON.

PROF. WILLIAM THOMSON, M.D.,

#### AURAL SURGEON.

L. TURNBULL, M.D.,

#### PHYSICIANS.

J. SOLIS-COHEN, M.D.,  
JAMES C. WILSON, M.D.,  
OLIVER P. REX, M.D.,  
W. W. VANVALZAH, M.D.,

#### GYNÆCOLOGISTS.

F. H. GETCHELL, M.D.,  
J. EWING MEARS, M.D.

#### PATHOLOGIST.

MORRIS LONGSTRETH, M.D.,

### F E E S .

Matriculation Fee (paid once).....	\$5 00	Practical Anatomy.....	\$10 00
Ticket of each Professor (7) \$20.....	140 00	Graduation Fee.....	30 00
Fees for a full course of Lectures to those who have attended two full courses at other (recognized) Colleges—the matriculation fee, and.....			\$70 00
To Graduates of less than three years of such Colleges—the matriculation fee, and.....			50 00

The Annual announcement, giving full particulars, will be sent on application to

**ELLERSLIE WALLACE, Dean.**

# TEXT-BOOK OF PHYSIOLOGY,

BY

J. FULTON, M.D., M.R.C.S., ENG.; L.R.C.P., LONDON.

*Professor of Physiology and Sanitary Science, Trinity Medical School, Toronto ;  
Surgeon to the Toronto General Hospital, &c., &c.*

**Second Edition, Revised and Enlarged, with Numerous Illustrations.**

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*Recognized and adopted as a Text Book on Physiology, by the Council of the College of  
Physicians and Surgeons of Ontario.*

Prof. Fulton's Physiology has been most favorably received by the Medical Press and the Profession as the following extracts, collected by the Publishers, will show :

## Opinions of the Press :

"The book is clear, concise, excellently illustrated, and free from disturbing references and irrelevant discussions."—*Detroit Lancet*.

"The book is well written, well printed, and reads easily. Moreover, the author possesses the happy faculty of condensing his information with the least sacrifice of clearness."—*Boston Medical and Surgical Journal*.

"We have carefully examined the second edition of Prof. Fulton's work, and deem it a very good text-book on the subject. The best short compend of physiology in the market."—*St. Louis Clinical Record*.

"This is a well printed octavo, containing 151 illustrations. The author has drawn diligently from many sources, and as a rule, states conclusions categorically and without argument. Considering the size of the book, a noteworthy feature is the prominence given to histology."—*N.Y. Medical Record*.

"The author has aimed, in this volume, to present a well-digested text-book, chiefly intended for medical students. The text is accurate, and for the purpose of giving students a clear presentation of the known and accepted physiological doctrines of the day, will answer well. His style is clear and simple."—*Med. and Surg. Reporter, Phila.*

"This work furnishes the main physiological facts without very much discussion, for the most part in accordance with late scientific research. We regard the positions taken by the author as in the main tenable. Some questions are handled with vigor, and are clearly presented."—*N.Y. Medical Journal*.

"Prof. Fulton's book is intended chiefly for the medical student, and does not enter into the profounder regions of the subject of physiology. It is, however, up to the level of our present knowledge in most respects, and, being prefixed by a histological part, covers very satisfactorily the ground usually gone over in a medical course. The work appears to be well calculated as a text-book."—*Philadelphia Medical Times*.

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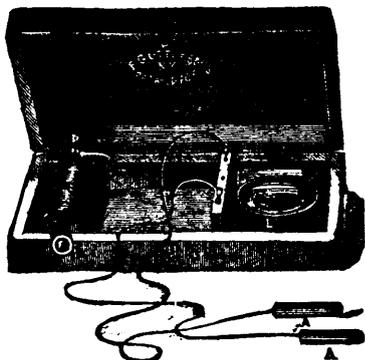
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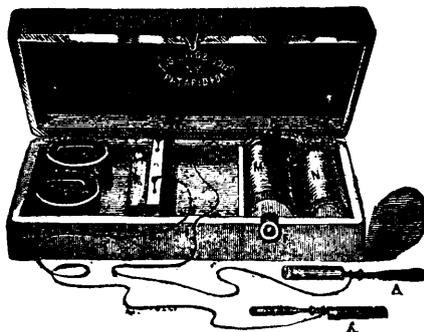
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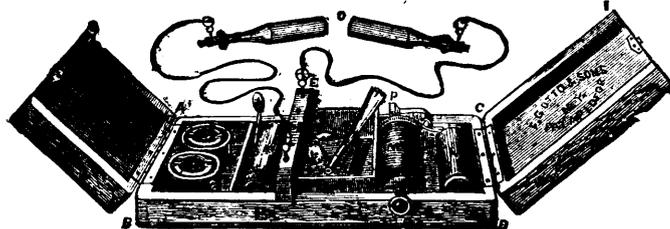
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