

with the lateral, and I find in the last four years at the Toronto General Hospital very many more cases are operated on by the lateral than supra pubic, and the results are most encouraging, only one death, and that in a perineal medium lithotomy in a broken-down man nearly 76 years of age, and in whom the operation was done as much to secure drainage as to remove the stone. I have asked a number as to their results in private practice, and it seems to me that most surgeons in Toronto adhere to the perineal method.

I know the dangers of the lateral are usually not made light of, perhaps over estimated. I have seen a good many and I cannot recall a single case of wound of the rectum; nor a fatal case of hæmorrhage or shock. I have removed a hard calculus of large size; multiplied cases, and they all did well, and yet I feel that the trend of opinion is so strongly in favor of the supra-pubic that a surgeon looked pityingly at me when I told him I still used it, and said, Come and I will show you the spot. It is especially pointed out that in children the supra-pubic is always easy and safe, because in them the anatomical conditions are naturally what we by artificial means make them in the adult, the bladder in children being almost an abdominal organ and the peritoneum well out of the way. I think this has much truth in it, and is probably the more advisable operation, notwithstanding the fact that perineal lithotomy in boys under ten is a very successful operation, still it does away with two objections: first, that no injury can be done to the ejaculatory ducts leading to impotency, and again that it is not very difficult to open the recto-vesical pouch and fancy one is in the bladder, with, of course, disastrous consequences.

In the aged, with an enlarged prostate, perhaps, and dilated prostatic venous plexus, the hæmorrhage is often free, and does sometimes cause death from shock, due to the sudden abstraction of blood in a person advanced in life. Such case would be favorable for the supra-pubic, if it were not unusual to find the bladder contracted as the result of long standing irritation and disease, possibly even adherent, offering a mechanical obstacle to dilatation by fluid injected into it, and to its projection forward by distension of the rectum.

I believe, with very large stones, no one will doubt that it affords the best means, but the increase of

surgical knowledge and skill in the present day is so great and so widely diffused that it is not often that stones go unrecognized in the bladder and attain such huge proportions as to debar their removal by the perineal incision.

As a means of drainage of the bladder it seems so strongly advocated by Hunter McGuire, of Richmond, and others, that the supra-pubic method of drainage will supersede the perineal.

STATISTICS.

T. 13—All lateral, all recovered.

W. 12—All lateral, all recovered.

F. 8—All lateral, seven recovered.

M. 6—Supra pubic, one death, many lateral all cured.

THE CARDIAC PHENOMENA OF RHEUMATISM.*

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(Continued from January number.)

In endocarditis the inflammatory effusion takes place into the fibrous tissue of the membrane, the surface changes follow later. As compared with the serous membranes, as the pericardium and pleura, the inflammatory process is very circumscribed; this is owing to its slight vascularity. The reason hitherto assigned by most authors for the frequency with which the mitral valve is affected, and the rarity of the aortic, has been the greater strain to which the mitral is subjected. Later authors* give another cause which seems, on the whole, to be more potent, viz.: the fact that the central parts of the mitral segments have some vascular supply while the aortic segments are quite non-vascular. The onset of endocarditis may be accompanied by pyrexia and an appearance of illness and distress in the child's face, even while at play; or the heart's action may be tumultuous with dyspnoea, restlessness and anxiety from imperfect circulation. But such symptoms occur only in the severer cases. Valve disease gives no physical sign of its existence until it results in some deformity of the valve which either impedes or disturbs the current of blood in its passage

* The address on Medicine, Ontario Medical Association, Toronto, June, 1891.

* Ziegler's Pathology.