

future possibilities. He outlined the rise and fall of the various schools of medical thought, dwelling more particularly on the present one, the principles of which depended upon a knowledge of physiology, pathology and the kindred sciences. He spoke of the immense strides that had been made in the development of these special branches, and of the immense aid they were to scientific diagnosis and treatment. He paid a high tribute to the late Dr. Hodder's influence upon his students in stimulating them to the study of scientific medicine. He referred to the wonderful accuracy with which the educated physician of the present day can detect the presence of disease in the most occult parts of the human frame. He also paid a tribute to the workers in the line of preventive medicine, and to those who were studying the effects of the action of the attenuated virus of certain specific bacilli in the treatment of diseases caused by these bacilli. We were not in a position, he said, to speak of the value of animal extracts in the curing of disease. He advocated the establishment of an institute similar to Koch's and Pasteur's for the advancement of the studies, the results of which tended, perhaps, more than any others to the well-being and happiness of the people. This should be under Government control, and outside the influence of party politics. He argued that if we had institutions for training farmers, schools for civil engineers, etc., aided by Government, why not an institution of this sort. If such an institution were formed, whose objects were the saving of life and the prevention of disease, if the Province would take such in hand, he was sure generous aid would be given in the way of bequests by many who are in sympathy with such a work.

Dr. McFarlane, on motion of Dr. Temple, seconded by Dr. Harrison, President of the Dominion Medical Association, was heartily thanked for his splendid address.

"The Treatment of Strangulated Hernia," was the title of the next paper, read by Dr. J. Wishart, of London. Dr. Wishart's first point was a reference to what Mr. Jonathan Hutchinson had said regarding the fatality of strangulated hernia, how that, while mortality in all other surgical procedures had materially lessened in recent years, the mortality following operations for strangulated hernia had increased. This he attributed to the fact that the step of performing taxis had been left in the background, surgeons being too desirous of using the knife. Dr. Wishart gave a tabulated statement of some seventeen cases he had had during the past twelve years, in sixteen of which he had operated with twelve recoveries. He detailed the special points of interest in each operation.

Dr. Grassett said that the importance of this subject was shown from the fact that it had come up for discussion so often during the meeting of these associations. He would not like to dispute such an authority as Mr. Hutchinson, yet he was of the opinion that the mortality after operation for strangulated hernia had decreased. He had operated with good result on a patient 89 years of age. As to gangrene, no law could be laid down; each case must be judged on its merits. There were fewer cases of gangrene now than formerly, because the strangulation was sooner recognized. He cited a case he had had where gangrene was present

to a small extent, where he had stitched up with a Lembert suture, returned the gut and recovery followed.

Dr. Teskey said that the maxims, as laid down by the leader of the discussion, were correct enough, but the difficulty was in knowing how to apply them, a great deal of judgment was required. In regard to taxis, he could understand in a large hernia, which would fill the hollow of his two hands, how one's whole strength might be placed upon it to reduce it, but this same rule would not apply to a very small hernia. With regard to the increased hospital mortality statistics in this operation, he suggested that it might be due to the fact that the ordinary outside medical man was now so well trained that he undertook these operations himself with success, and sent only the worst cases to the hospital.

Drs. Rennie, Whiteman and Peters also took part in the discussion.

Dr. Wishart did not agree that this was an easy operation and lightly to be undertaken. There was always danger in opening the abdomen. He believed that in a case where a country practitioner, far removed from help, met such a case he should give chloroform, and try to reduce at once as delay was very serious. He had never seen in the cases where taxis had been used, even to a considerable extent, any damage done to the bowel when he had opened up. The speakers agreed that where the knife had to be used the radical operation should be done, as a rule.

Drs. G. W. Fox, of New York, and Cronyn, of Buffalo, were invited during the session to seats on the platform.

The Association then divided into sections.

#### SURGICAL SECTION.

Dr. Bruce Smith was appointed to the chair.

"McGill's operation for Prostatic Enlargement" was the subject of the next paper by Dr. A. McKinnon, of Guelph. The reader of the paper gave the history of several cases he had had of prostatic hypertrophy accompanied by urethral stricture, cystitis and severe bladder spasms. The operation consisted in a suprapubic cystotomy and removal of a portion of the prostate with very gratifying results. He outlined the technique of the operation fully and of subsequent drainage. He quoted statistics furnished by Bellfield, of Chicago, of 41 such cases, where 32 had made recoveries, the patients having regained the power of voluntary micturition.

Dr. Primrose discussed the question of the use of Peterson's bag and the dilatation of the bladder—how this would enable the operator upon completion of the abdominal incision of stitching the bladder wall and holding it by means of the stitches while it was being opened, instead of cutting down upon a sound, as Dr. McKinnon had advised. He asked, also, how hemorrhage was controlled in view of the vascularity of the prostate. He advocated the advisability of perineal drainage, as in high drainage there was danger of infection of the cellular tissue in front of the bladder.

Dr. Grassett said that his experience was limited in this line of work, having done but one, and that a partial prostatectomy. The result in this case was good. He thought a combination of the suprapubic and the perineal method to be the best, so as to avoid