

ing at such decision the most careful consideration will be given to the whole subject. It was but in the interest of this university that I identified myself with the hospital scheme. I believe in the medical faculty, and earnestly desire its success. I have no sympathy with those who contend that no public aid should be given towards the advancement of medical science. It is a view to which I personally cannot give my assent; and even if the hospital scheme cost the university something, which I contend in the end it will not, I consider it would be worthy of fair consideration. The time will come when I think you will be unable to maintain your medical faculty unless you have control of an hospital. Already Montreal has become a great hospital city, and it behooves us and all medical schools in Toronto to make Toronto a great hospital centre, otherwise our students will seek elsewhere those advantages not within their reach at home. As to my own personal connection with the establishment of the hospital, and to which some are inclined to take exception, I trust that it will not be allowed to prejudice the scheme. Some may approve of the scheme and disapprove of my course in connection therewith. To them I would say, condemn me if you like, but not the scheme, if it is itself deserving of approval."

A REPORT OF THREE CASES OF SUPRAPUBIC LITHOTOMY, WITH REMARKS.*

BY EDMUND E. KING, M.D., C.M. VICT.;
M.D. TOR.; L.R.C.P. LOND.

Surgeon St. Michael's Hospital; Physician House of Providence
and Home for Incurables.

Mr. President and Gentlemen:

In presenting a report of three cases of suprapubic lithotomy, I do not propose to weary you with the history and minute details of the operation, with which you are all familiar; but simply to call your attention to the peculiarities in these cases, and to enlarge on some of the unusual features that are met with, together with some of the yet unsettled points of subsequent treatment.

CASE NO. I.—R.A., æt. 37, male, referred to me by the late Dr. W. H. Henderson.

Family history: Father died by accident at the age of 55; mother suffered from fistula-in-ano, does not know cause of death; one brother died in infancy; two sisters died, one in infancy, the other after she had grown, but does not know age nor cause of death in either case.

Previous history: He had had the usual diseases of childhood, but no urinary difficulty until 1885, he thinks. The first symptoms that he noticed was the passing of gravel, and on two occasions small calculi, one about one-third of an inch long and the thickness of a rye straw, the other smaller. In neither case was the appearance of the stone preceded by nephritic colic. Possibly it was in 1887 when he first had to rise at night to void urine, but this was not a constant symptom until October, 1889, from which time his present illness dates.

Present illness: He then began to notice a severe scalding along the whole of the urethra; the night urination was more regular; there was no pain during the act, simply scalding. No important change occurred until July, 1890, when pain became apparent in the bladder, which he describes as similar to that of two raw surfaces rubbing against one another. Desire to urinate became more frequent night and day; a large quantity of mucus was passed after the urine. Subsequent to an examination of the bladder with the searcher, a large quantity of blood and mucus passed for some days. This continued until October, 1890, when he was confined to bed by a typhoidal (?) attack, followed by a relapse in December of the same year. About the first of February, the patient states, a large quantity of thick mucus or pus was evacuated one night; he thinks the quantity would amount to about one pint. The bladder had been again searched for stone, but none found; medical treatment had been resorted to, but without relief. At the present time he has little control over the act of micturition, and is unable to retain urine more than fifteen minutes at a time; it will then be voided involuntarily. The desire to urinate is always worse at night when lying down. He has lost between thirty and forty pounds in weight during the past year and a half, and is in a highly nervous condition. When I first saw the patient, on the 17th of April, 1891, I found him an emaciated, sallow, highly nervous man, apparently 45 years of age.

* Presented to the Canada Medical Association, Ottawa.