

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

DEAR MR. EDITOR,—In giving you a few notes of my tour I shall commence with Glasgow. There are two large hospitals in that city, the Royal Infirmary and the Western Infirmary. I was shown through the former by Dr. White, one of the resident physicians; I was very much interested in Dr. McEwen's cases of osteotomy. There were about thirty of them in the wards; some waiting to be operated on; some lying in bed on whom the operation had been performed; and others again walking about the wards, exhibiting the success of the treatment. In most of the cases, the operation was made for deformities of the lower extremities, the results of rickets.

I was told by the house surgeon that five or even more operations had been made on the one patient. They are performed under carbolic spray, and the wounds are dressed antiseptically. The resident surgeon also told me that during his term of service there had been no unfavourable results, and in many the temperature did not rise above a hundred degrees. This is the more remarkable, when one considers what miserable constitutions the patients frequently have. The success of the treatment, as exhibited in some of the cases was very marked indeed, and it must be a great source of gratification to Dr. McEwen to have instituted a method whereby so many are cured of what were previously considered to be hopeless deformities. It would seem at first rather venturesome to produce two or three compound fractures in a patient at one time, for that is what osteotomy really amounts to, but experience has shown the procedure to be a very safe one. It is often said that surrounding circumstances frequently develop men of great achievements. This might be said of Dr. McEwen as I have never seen so many deformed rickety children in my life as I saw on the streets of Glasgow during my short visit. If any one could give a method whereby these deformities could be prevented, he would prove even a greater benefactor to the human race than Dr. McEwen.

The Royal Infirmary will accommodate six hundred patients, and although the building is old the wards are kept very clean and in good order.

The Western Infirmary, a beautiful structure, was erected about eight years ago. In going through this, as well as the Infirmary at Edinburgh, one is struck with the great liberality of a people who would willingly spend so much for their suffering fellow-beings. It is an example which it would be well for us more and more to imitate. I regret that I was not shown through this Institution by any of the medical staff, as it was not the hour for visiting. In both hospitals the members of the staff attend at 9 a.m. and remain until 10 or 10.30. They are very punctual, which is a matter of great advantage both to the inmates and students. Glasgow presents great facilities for clinical study, both on account of the size of the city and the number of the poorer classes; but the system of instruction does not appear to be one which attracts many students from a distance.

Edinburgh as a place for medical study is very far ahead of my expectation. There are here five medical schools, the two largest being the one connected with the University, and the College at Minto House. I am told that there are over fifteen hundred medical students here. The Royal Infirmary, a noble building, is in my opinion superior to any similar institution which I have visited, not excluding the New York Hospital or St. Thomas's, London. The clinical teaching appears to be of three kinds: (1) regular clinical lectures given in the amphitheatre; (2) ordinary bedside instruction, which is given in a very thorough and systematic manner; (3) by what is called history reading. One of the clinical clerks reads the history of a case, after which the teacher corrects parts which need corrections, and gives a short clinic on the particular disease present. The number of clinical clerks which a lecturer may have appears to be unlimited. I had the pleasure of hearing Dr. Grainger Stewart give a clinical lecture on ascites. The patient was brought in from the ward on a stretcher made in the form of a long basket, which was rolled along on small wheels. The shape of the basket prevented the clothes from falling off and the patient in this way getting cold.

Another point in hospital management which I noticed, both here and in Glasgow, was that