

invented the stricture staff which so simplified the operation and made it safe. He was the man who operated so frequently and successfully as to demonstrate the safety and beauty of that operation. Having been associated with him for several years, and watching him carefully insinuating instruments through the tortuous and difficult passage to the bladder, and having tried to imitate him in my practice of thirty years or more, on the data obtained that way I have a very firm conviction. I have dilated a great many strictures and got them along so far that I have said to the patient, "now here is a bougie, a good large one that will slip in easily. Pass that in every Saturday night and keep quiet until Monday, and you will cure yourself." Those patients have very rarely come back, unless they have been careless and neglected themselves. Of course, where the stricture has become resilient and refractory, and refuses to dilate, then the question arises between two or three operations. I hold that the external operation is best. I believe you see better what you are doing; you have an open wound; you divide the stricture thoroughly, and above all, I believe it gives the best results. I have seen internal urethrotomy performed often, and I have operated on the same cases often afterwards on account of recurrence. These are the grounds on which I take this stand. I believe a large number of cases of urethral trouble are subjected to the operation of internal urethrotomy when there is not the slightest necessity. I believe that it is an operation which is performed too often. The patients come to me and say: "I have a chronic discharge, and you might as well operate on me first as last, and I want the operation performed." I very rarely do it, indeed. I pass bougies for them and treat them that way carefully and persistently, and get rid of the trouble. For these reasons, which I have given you, I still contend that treatment by external operation is better. I did not give them in my address, but inasmuch as Dr. Hingston has challenged my views, and done it with that grace, dignity and eloquence characteristic of the man, I really could not refrain from saying a few words in response to his criticism.

Dr. HINGSTON—I am obliged to say something; it is merely to say that if I proposed to join in a vote of thanks to Dr. MacLean a few minutes ago,

I do so now with infinitely more satisfaction. The address was admirable, and I think his defence of the two operations is very clever indeed. I shall not discuss it; I think it would take a day, and I have no doubt two-thirds of those present have decided views on the subject. I will merely say in a general way that there are cases of stone in the bladder and cases, and there are strictures and strictures, and I think a man would not be a wise man who would adopt Dr. MacLean's method or my own in every case, and the same with regard to stricture. As to the frequency with which I try it, I am not disposed to operate more than once in five times by lithotomy. Perhaps once in five times, but as I said, the question is too large to be discussed here to-day. I am delighted that I gave Dr. MacLean an opportunity to make those excellent observations.

The vote of thanks was adopted unanimously with applause.

Dr. MACLEAN In returning thanks for this vote, I wish to say one word. In the first place, referring to the remark of Dr. Sullivan, I may say that there is not anywhere in the United States, or in any other part of the world, a medical association or an audience from which I could receive a vote of thanks with greater pleasure or greater gratification than from the Canadian Medical Association.

Dr. Balfour, of London, read a paper on THE ADMINISTRATION OF CHLOROFORM AND THE DANGERS INCIDENT THERETO.

Sir James Grant, Ottawa, drew attention to the cumulative effect of chloroform in connection with obstetrical practice.

Dr. Hill, Ottawa, related his experience with a fatal case of chloroform narcosis.

Dr. Donald MacLean, Detroit, complimented the paper very highly as an able and practical contribution to the literature of the subject. Continuing he called attention to the fact that people die sometimes without a moment's warning where no chloroform is used, and he mentioned the historical case of Sir James Y. Simpson, in which the intention to operate under chloroform was for some reason abandoned, and the patient died on the table before the operation was commenced. Also a case in his own experience, in which a lady died instantly within half an hour after having had a very superficial examination for an abdominal