

precisely the same as Dr. MacLean now teaches, but there came a time, and there will come a time with Dr. MacLean, when I changed my views upon these two questions. Certainly, for the first twenty-three or twenty-four years of my practice, I gave the preference to lithotomy for stone in the bladder. Then as to the treatment for stricture, it was the old method taught forty years ago, the method I taught in my hospital for twenty-five years. Then came a change in the spirit of my dream. Until then I thought as Dr. MacLean does now, that the best method is gradual dilation, but I have been forced to the conclusion, and I tell my students on every occasion that I can, that I have changed my views on the question—that the division of stricture gives quicker and more permanent results. It seems almost in bad taste for me to criticise the paper in this way, but I know Dr. MacLean will be pleased to have my views on these points. Surgeons like to have these points brought up. I am delighted that Dr. MacLean has come to us, and I hope he will come again so.

Dr. MACLEAN—I am very happy indeed, to hear all the kind and complimentary things that have been said. I feel very deeply gratified, especially when these compliments come from old pupils like Dr. Moore, Dr. Reeve, and old colleagues like Dr. Sullivan and Dr. Dupuis, but I should have been very much disappointed indeed if my observations, as contained in my address, had been allowed to pass without a single word of criticism or opposition. I feel very grateful indeed to my friend Dr. Hingston for having given some little show of opposition. I did not in my address wait to give all the reasons for the faith that was in me, because that would have made it too long and tedious, for I do think if there is anything in this world that is a nuisance it is a so-called exhaustive address on medicine and surgery. It is generally more exhausting of the audience than of the subject. I tried to avoid that, and made it somewhat dogmatic, but now that Dr. Hingston has raised the question, I think it is but fair that I should state why I hold these views. With regard to the operation for stone in the bladder, I have lectured, as Dr. Hingston has done, on surgery for twenty-five years, more or less, and during most of that time, as you are aware, I had a large clinic of a

peculiar kind—not the ordinary run of surgical cases in a large city, but cases that came from a very wide area, from a vast continent, wherever my old pupils had settled or my old patients lived, or wherever the name of the University of Michigan had been heard of, and in that way I had an opportunity of seeing many curious cases and having many strange experiences, and one of those experiences was the oft-returning cases of stone in the bladder, where the operation of crushing had been performed often by very eminent and skilful hands. Consider for a moment the condition of the bladder which has had a stone in it for some time, the inflamed, irritated, degenerated condition of the membrane. It is a common thing to operate by cystotomy where there is no stone at all. What for? To give the bladder physiological rest. It is an operation I have frequently performed and with great success. Now, if we do so in a case where there is no stone in the bladder, how much more so is it necessary where there is a stone. In the operation of lithotomy, you not only get rid of the stone but you give the bladder physiological rest, and an opportunity to rejuvenate itself and to take a fresh start in life, and to return to its primeval condition of a healthy structure. That is the real reason why I prefer the lateral operation to any other method of removing stone from the bladder. The supra pubic operation I consider a bad operation. I know I am something of a heretic, but I express my own view. The lateral operation affording rest, drainage, and an opportunity to recuperate, I consider best. I have performed it often and that is one reason why I am partial to it, because it is only right for a man to praise the bridge that carries him safely across. At the same time, we ought all to be open to conviction, and when Dr. Hingston or any other man can show me good and sufficient reasons, backed up by actual practical facts, to change my mind, I shall immediately do so and gladly confess that I have been in error and set out at once to mend my ways. As to the question of stricture of the urethra, I base my opinions there upon a pretty large experience of it, having been associated with Professor Syme, to whom we are really indebted for all that has been done in the matter of stricture. He was the pioneer, he was the man who worked out the pathology of stricture, the man who