shown above, at those times when the excess of uric acid in the blood and the high pulse tension are likely to be most marked, later on if the first stage is not recognised, treated, and cured, we get serum albumen as well as the albumen which is precipitated by an organic acid, that is, as Professor Semmola would put it, the continued passage of a foreign albumen through the kidney has at last caused irritation and structural change, so that it now allows the passage of the normal albumen of the serum as well as the foreign albumen, and if the process is not stopped Bright's disease begins; and this is in accord with the experience of Dr. Johnson and also of Dr. Dukes that many of these functional cases end in Bright's disease.²⁸

Professor Semmola's writings and experiments must speak for themselves, but it seems to me that if his views on the functions of the skin in the elaboration of albuminoids are correct we have here a connecting link between the high tension pulse of uric acid and albuminuria and eventual nephritis, which may be of considerable importance.

In this short paper nothing beyond a mere outline of the main points has been attempted, but if the suggestions now made are correct much further evidence of their truth will no doubt be forthcoming.

RESULTS OF THE PORRO-CÆSAREAN OPERATION IN ALL COUNTRIES, FROM ITS INTRODUCTION TO THE CLOSE OF 1888.

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[A SECOND CONTRIBUTION.]

A CHRONOLOGICAL record in progress was given in this JOURNAL for March 30th, 1889, page 708, counting 250 Porro operations for the thirteen years ending with December 31st, 1888. Additions and corrections made in the past six months have enlarged the list of cases for the same period to 264. These have recently been retabulated in the order of their occurrence, and a new analysis made with much care, to show the work of each respective country into which the operation has been introduced. The value of a chronological method of recording is proven by the clearly-established fact shown therefrom, that in all countries, with the exception of France, in which there have been twelve or more operations there can be exhibited a growing improvement in the results attained. Thus, there were six deaths following the first seven Italian operations, and only seven deaths after the last thirty. Italy saved 20 out of her first 46 cases, and 27 out of the next 45. Austria saved 17 out of her first 30 cases, and 25 out of the balance; her second, 30. Following her last 20 operations there were but 2 deaths, or 10 per cent. The early record of Germany was so discouraging that out of it grew the Sænger-Cæsarean method and its modifications. The first 7 cases were all fatal, and but 6 recovered out of 22, or the first half of all those in her credit. Of the second 22 there were 17 recovered; and of the last 15 only 2 died from the operation, a third death having been suicidal. England lost 7 out of her first 8 cases, and then saved 4 in succession. Mr. Tait claims to have had three additional operations without a death, but has not reported the cases; which would enlarge the credit of England to 15, and her recoveries to 8. This would have been a very remarkable success in the early days of the operation, but is much less so now. The late Professor Breisky performed his first operation in Prague on July 9th, 1878, and his eighth and last in Vienna on September 28th, 1888. Not one of his eight operations, covering more than ten years, had a fatal termination, and all of the children were living. Dr. Hubert Riedinger, of Brunn, also aided in a remarkable manner in establishing the credit of Austria. His first operation preceded that of Professor Breisky by twelve days, and his seventh was nine days before the eighth of Breisky. The seven women recovered, and but one child was lost. Up to the last of December he had not performed an eighth operation. France, as already mentioned, has not improved her record by experience. On the contrary, she has retrograded. The first five operations saved three women and three children; the second five, one woman and five children; the third, one woman and two children, and the two additional saved one woman and two children. There has not been reported one French Porro case belonging to the past four years, and the

operation would appear to have been abandoned by its early advocates.

Seventeen operations belonging to the last four years, ending on December 31st, 1889, have been reported to me in answer to letters, of which four terminated fatally. The records of these four years are respectively as follows: 1885—24 cases, 7 deaths; 1886—23 cases, 4 deaths; 1887—18 cases, 5 deaths, 1 suicide; 1888—28 cases, 4 deaths. Of the first 50 women out of the 264 cases recorded 30 died as the result of the operation; and of the last 50 but 10, a reduction of the death-rate from 60 per cent. down to 20.

Of the whole 264 women 117 died from the operation, divided as follows: 74 out of the first half, that is, 132, and 43 out of the second 132. Thus it will be seen, under several forms of calculation, that the Porro operation of to-day, under proper management, is far less fatal than that of five years ago, as in 1884, when 17 women died out of 29, or nearly 58 per cent.

As the day of experiment has passed, and the technique of the operation has been established by experience, there is no reason why there should not be a large percentage of cases saved—certainly 80 per cent.—and with due care as to time of operating and condition of strength in the patient, even more than this. The operator ought to be able to make a prospective prognosis in a given case, and should, if possible, so order the preliminary steps that "unfavourable" will not have to be written in rating the prospects of the patient. It is a well-established fact that few cases rated as "favourable" before the operation have died, and that still fewer marked as as "unfavourable" have not. The respective credits of the several countries in which the Porro operation has been performed (not including that of 1889) stand as follows:—

No.	Country.	Cases.	Saved.	Lost.	No.	Country.	Cases.	Saved.	Lost.
1	Italy ...	91	47	44	8	Belgium ...	5	3	2
2	Austria ...	60	42	18	9	Scotland ...	5	1	4
3	Germany ...	44	23	20*	10	Switzerland ...	6	5	1
4	France ...	17	6	11	11	Australia ...	2	2	0
5	England ...	12	5	7	12	Holland ...	1	1	0
6	Russia ...	10	8	2	13	Spain ...	1	0	1
7	United States of America	8	2	6	14	Mexico ...	1	0	1
					15	Japan ...	1	1	0

* And 1 suicide.

It is proper, in this connection, to state the results of the conservative Cæsarean section up to the same date, January 1st, 1889, as many may be under the impression that the Porro operation is quite equal to it in its ability to save life. Like the latter, the new method of performing the old Cæsarean section is also passing through a stage of diminishing mortality, and there is a very marked contrast for the better between the work recently done and that of the years 1882, 1883, 1884, and 1885; and particularly is this the case in the United States of America. Out of the first 20 cases operated upon in all countries, there were 9 deaths; out of the second 20, there were 6; and of the last 40 in 1888, there were only 6. The following table will show the operations in contrast:—

No.	Country.	Cases.	Saved.	Lost.	No.	Country.	Cases.	Saved.	Lost.
1	Germany ...	94	81	13	7	Holland ...	9	9	0
2	Austria ...	32	26	6	8	England ...	3	1	2
3	United States of America	26	11	15	9	India ...	2	1	1
4	Russia ...	10	7	3	10	Switzerland ...	2	1	1
5	France ...	4	2	2	11	Denmark ...	1	1	0
6	Italy ...	4	2	2	12	Norway ...	1	1	0

There were 57 operations in Europe in the year 1888, with 7 deaths; and 13 in the United States of America, with 8 deaths. There have been 34 operations in America, with 18 deaths.

PROFESSOR W. R. SMITH, M.D., D.Sc., F.R.S.Ed., barrister-at-law, announces a special course of lectures in Hilary Term to barristers, law students and others at King's College on Mondays, Wednesdays, and Fridays at 4 P.M. We referred recently to a series of lectures on forensic medicine by Professor Meymott Tidy to the law students of the Middle Temple. Both the legal and medical professions have much to gain by the adoption of these precedents.

²⁸ Grainger Stewart, *prev. ref.*, p. 168.