and of hysterical conditions, on the secretion of urine, and the probability of a close connection between the different parts of the urinary tract, we are inclined to suspect that a temporary derangement of the action of the kidney has something to do with the severity of some of these cases, even though such derangement is not revealed by *post mortem* examination. The effect produced on the kidneys would be dependent on two main factors—the magnitude of the incident shock, and the relative strength of the kidney, or, in other words, the diathesis of the individual. That this is so may be inferred from such facts as the albuminous polyuria which follows section of the renal nerves, the selective incidence of acute nephritis, and the varying occurrence of albuminuria in fevers.

Dr. MacCombie of the Deptford Hospital pointed out to me, about three years ago, that scarlatinal nephritis has a tendency to run in families, two, or even three, of the same family being affected with it. This observation I have had other opportunities of confirming.

As an illustration of a renal phenomenon not usually described in books, the following case may be given.

A lady, aged 41, became suddenly ill after severe exertion in the month of June last. For some years she had been subject to palpitation on exertion. Her temperament was neurotic. She had had two attacks of rheumatic fever. She presented the appearance of one suffering from severe cardiac dyspnoea. The action of the heart was markedly irregular, now going on very fast, now quite slow, now missing one, two, or even three beats. The pulse was soft and fairly full. Urine normal, no albumen. There were no cardiac murmurs, but there could be no doubt of severe cardiac affection, and the prognosis was grave. With absolute rest and other treatment, she recovered so as to be able to get about; and I was not again called to see her till the beginning of November, when it was plain that the end was approaching. Both legs were much swollen. There was no dropsy elsewhere. Her breath had an urinous odour. The tongue was dry and thickly furred. She sank into a hysterocomatose state, and died, as it seemed to me, from uræmic poisoning.

Post Mortem Examination.—The lungs were congested and cedematous. There was a large amount of urinous-smelling fluid in both pleural cavities and in the pericardium. Both cardiac ventricles were considerably dilated. All the valves were incompetent, the aortic least so, their edges being thick and rounded; on the tricuspid were some vegetations. A band of innumerable capillary hemorrhages ran on the surface of the heart along the junction of the left auricle and ventricle and between the two ventricles. The liver was markedly nutmeg. The spleen was apparently normal. The kidneys were apparently normal, peeling readily.

REPORT OF THE BRITISH LYING-IN HOSPITAL FOR 1883.

By HEYWOOD SMITH, M.A., M.D., and FANCOURT BARNES, M.D.,

Physicians to the Hospital.

DURING the year 1883 there were 168 women delivered in the hospital, of whom one died; giving a mortality of 0.595 per cent. Of the 170 children born in the hospital, 94 were males, or 55.2 per cent.; and 76 were females, or 44.7 per cent. There were 8 stillborn children, or 4.7 per cent., of whom 3 were males, and 5 were females.

Among the mothers there were 41 primiparae, or 24.4 per cent.; and there were 127 multiparae, or 75.5 per cent. There were 5 breech-cases, or 2.9 per cent.; 4 deliveries by the forceps, or 3.5 per cent.; one case of cephalotripsy; 4 cases in which the induction of premature labour was had recourse to, in one of which delivery was subsequently completed by cephalotripsy. There was one case of *post partum* hemorrhage which was controlled by ergot and abdominal pressure.

There was one case, sent up to the hospital by Dr. Whittle of Brighton, with albuminuria, ascites, and anasarca. She was delivered naturally of a stillborn male child, which was also affected with ascites and anasarca. The placenta, which was expelled naturally, was hypertrophied and dropsical, and very nearly equal in bulk to four ordinary sized placentae. The patient recovered without any complications, and left the hospital, having only a trace of albumen in the urine.

The morbidity among the mothers was as follows. In 27 primiparae the temperature did not exceed 100° Fahr., or 16.07 per cent.; in the multiparae it did not exceed 100° Fahr. in 91 cases, or 54.1

per cent.—giving a total of 118 cases, or 70.2 per cent., in which it did not exceed 100° Fahr.

In 7 primiparae, or 4.1 per cent., the temperature was over 100° Fahr., but did not exceed 101° Fahr. In 9 multiparae, or 5.5 per cent., it was over 100° Fahr., but not over 101° Fahr.—making a total of 16 cases, or 9.5 per cent., in which it did not exceed 101° Fahr.

In 10 primiparae, or 5.9 per cent., the temperature rose above 101° Fahr., and in 25 multiparae, or 14.8 per cent., it rose above 101° Fahr., making a total of 35 cases only, in which the temperature rose above 101° Fahr.

We draw attention to the fact that, under the continued antiseptic treatment in the hospital, the morbidity among the mothers has decreased each year. The mortality in the hospital remains nearly the same as during the two preceding years, viz., 0.595 per cent. The one death which occurred in the hospital during the year was that of a strumous young primipara, aged 19, whose labour was natural, and in whom no lesion of the genital tract was discoverable.

Among the eight cases in which operative interference was resorted to, no death occurred. The antiseptic system which we have published on several occasions during the past years has been rigidly adhered to in all its details. We observe with satisfaction that during the past year the Edinburgh Maternity Hospital appears, from its published report, to have introduced the plan, originally adopted in the British Lying-in Hospital, of having carbolic spray continuously playing in all the wards.

SURGICAL MEMORANDA.

PLASTER-OF-PARIS JACKET IN CARIES OF THE SPINE.

AFTER reading the two articles in the JOURNAL of December 8th and 15th last, respectively, by Mr. Noble Smith, "On the Treatment of Caries of the Spine," I purposed giving details of several such cases I had treated by plaster-of-Paris jackets, and remarking on some points in which such an appliance, in my opinion, excels not only that described by Mr. Smith, but also the majority of those complicated and expensive instruments advertised and sold by surgical instrument-makers. But Professor Sayre himself replies in the JOURNAL of January 26th, to many of the objections raised by Mr. Smith. So now, in place of detailing any cases in order to show the all but universal (if not universal) applicability of plaster-of-Paris jackets to those cases, I should wish to say a word or two concerning the sources of failure in their use.

And, first, I should wish to direct attention to the fact that, unless every detail is carefully attended to, the comfort of the patient may be sacrificed, and the efficacy of the jacket greatly lessened. 1. The patient ought to have a closely fitting very fine white woollen undershirt (or guernsey), without sleeves, but having shoulder-straps. 2. Great care must be exercised in suspending the patient as directed by Professor Sayre. 3. The bandage is to be carefully applied, being brought well below the crest of the ilium (which gives the jacket a fixed point below), and from this to be carried spirally upwards, with as few reverses as possible. If this advice be followed, that is, the bandage not merely wound round the body, but applied systematically and with an object, we should avoid the unpleasant experience which befel a friend of mine. He applied a jacket to a child, and requested the mother to appear with the child next day for inspection. She did appear, but bearing the child on one arm, and the jacket over the other, and I am afraid he put the blame on the plaster. 4. The patient should be kept suspended till the hardening process is well advanced, thus preventing cracks in the jacket, which only too often are the source of very great discomfort. 5. The jacket should be kept on for a sufficient length of time. If those points were attended to, this, the cheapest and most easily adapted application for such cases, would be shown, by results, to be by far the most efficient.

While resident surgical assistant in the Western Infirmary here, I applied considerably over fifty plaster-of-Paris jackets in cases of carious vertebrae, in various situations and in various stages of advancement; and those patients on whom they were applied reported themselves at intervals of from a fortnight to six weeks. When thus showing themselves, it was a very rare exception to hear of complaints beyond that which could be remedied by the paring of a sharp edge of the bandage; and, if more than this were complained of, the application of a fresh jacket, with increased care in all cases, proved comfortable. In no case have I ever come across a patient who was desirous of discarding a plaster-of-Paris jacket from any real or fancied inconvenience; but the reverse of this has been my experience.