

There were extensive adhesions to the walls of the pelvis.

Beyond the slight vomiting and troublesome eructations together with some easily pacified hysterical symptoms, the after history has been good in every respect. It is now some nine or ten days since the patient has been allowed to sit up in bed and in an arm chair, and is feeling well and in the best of spirits.

In each case special attention was paid to the ventilation and purity of the room in which the operation was performed.

The room chosen was large, with high ceiling, admitting as much sunlight as possible; all excess of carpets and curtains being got rid of, and the room sprayed out for an hour before the operation with 1 in 40 to 50 carbolic solution. The woodwork and floor of the room well scrubbed previously.

The air of the room was conducted through a pipe, opening a few inches below the ceiling and leading into the chimney flue, fresh air being admitted by keeping the lower part of one window slightly open and a grate fire kept constantly burning; the temperature regulated by thermometer kept in the room.

The patients were required to pay special attention to personal cleanliness, thoroughly bathing the whole body on the night before the operation.

A dose of castor oil was given on preceding night. Nothing more than a little toast and tea (in some of the cases nothing) was allowed to be taken on the morning of operation, which in each case began at about eleven a.m., ether being the anæsthetic used.

Every antiseptic precaution was observed, the sponges being thoroughly cleaned on the day before, and each sponge wrung out of a  $2\frac{1}{2}$  per cent. solution of carbolic acid before being used.

The instruments were kept in a solution of  $2\frac{1}{2}$  per cent., the hands of the operator and assistants washed in a solution of equal

strength; the surface of the abdomen first washed with soap and warm water, and then with a  $2\frac{1}{2}$  per cent. solution.

Baker Brown's clamp and the actual cautery were used in each case in order to secure the pedicle against hæmorrhage. Throughout the operations a spray of a 1 in 40 to 50 solution of carbolic acid was thrown upon the surface of the abdomen by means of the steam spray apparatus.

The pelvis was in each case well sponged out. Sutures of silk-worm gut were used, passing through all the structures of the abdominal wall.

Before opening the peritoneal cavity all oozing was arrested by Pean's compression forceps. Lister's dressings were finally applied (gauze and mackintosh), then narrow slips of plaster passing over the mackintosh to each flank—then cotton batting, and over all the abdominal bandage.

There was not the slightest indication of pus in any of the cases at any time. The sutures were removed with the exception of two or three of lowest on the ninth day.

The catheter was used by the nurse from time to time, when required, and enemata of warm water, when indicated.

In Case I, highest temperature,  $100^{\circ} 2/5$ .

In Case II the highest temperature recorded was  $101^{\circ}$ , about 12 on the night after operation.

In Case III,  $101^{\circ} 3/5$ , was the highest, taken at 11 p.m. on the night after operation.

In Case IV,  $101^{\circ} 2/5$ , on the second evening after operation.

## CLINICAL REMARKS ON THE NEPHRITIS OF PREGNANCY.

(Summer Session Course, McGill College, April 10th.)

BY WM. OSLER, M.D., M.R.C.P., LOND., PROFESSOR OF THE INSTITUTES OF MEDICINE.

Reported by Mr. W. A. Smith.

Gentlemen:—

I want to speak to-day on the subject of nephritis, or inflammation of the kidney in