and scanty. The children which are born alive usually do well.

The mode of administration of the ergot varies with different practitioners. The plan adopted by the author is to infuse half a drachm of the powder in three ounces of boiling water, and after straining to add ten or fifteen grains of fresh powder with a little sugar. This dose is repeated in twenty minutes, and if the uterus does not contract well, is given a third time.

[This interesting paper concludes with five tables arranged under the following heads:—1. Cases in which, after the exhibition of the ergot, the labour was terminated, the children being alive, by the uterine efforts *alone*. 2. Cases in which children were born alive, but the application of the forceps, or vectus, became necessary. 3. Cases in which the uterus expelled the children still born. 4. Cases where still-born children required instrumental extraction.—*Dublin Journal*, May 1845. (pp. 224—248.)

PRACTICE OF MEDICINE AND PATHOLOGY.

ON THE CO-EXISTENCE OF GRANULAR DISEASE OF THE KIDNEYS,

with Pulmonary Consumption; and on the influence of the Strumous Diathesis in predisposing to the Renal Disease.

By Thomas Bevil Peacock, M.D.

Dr. Bright, in the notes to his tabular statement of the morbid appearances in 100 cases of Granular Disease of the Kidneys, occurring in connection with albuminous urine,* has remarked, that "the instances in which phthisis, or any form of scrofulus disease, has been connected with the renal affection, have been decidedly rare, so that in only four cases has recent phthisis developed itself; and what is somewhat remarkable, in more than double that number the disease seems to have made a certain inroad upon the upper lobes of the lungs, and then to have become quiescent, or to have entirely subsided, from which we should perhaps be inclined to infer, that, so far from the diseases being associated, the condition of the body, in this form of renal disease, is unfavourable to the existence of phthisis, or certainly that it is not peculiarly apt to occur in scrofulous constitutions." These views have not been confirmed by the experience of other observers. Dr. Christison† says, "I have very little hesitation in putting down the scrofulous diathesis among the predisposing causes of granular disorganization of the kidneys. In repeated instances I have been led by the supervention of œdema during phthisis, to examine the qualities of the urine, and, although the result has not been invariable, still in a great proportion of cases of the kind, the secretion has been found to possess the properties essential to the renal disease. In repeated instances the diagnosis during life has been confirmed by inspection of the body after death. On diverse occasions, too, the kidneys have been discovered on dissection in an advanced state of granular disorganization, when the condition had not been attended to during life, and when, nevertheless, from the state of the urine in the bladder, there could be no question that the pathognomonic characters of the disease might have been detected, had not the attention been withdrawn from them by some urgent symptoms."

Rayer,‡ in alluding to the remarks of Dr. Bright above quoted, expresses the concurrence of his experience and views with those of Dr. Christison; and states, that he has in repeated instances found the urine become albuminous during the progress of phthisis, with or without the supervention of dropsical symptoms, and has detected, after death, the characteristic renal disorganization. Martin-Solon—though he found the lungs tuberculous in four out of ten dissections of persons who had sunk under granular disease of the kidneys—regards the two affections as only accidentally co-existent.§ Dr. Osborne, on the other hand, states, that of 36 cases of renal disease with albuminous urine, which had fallen under his notice, four originated in scrofula; and in one of the only two dissections of cases of renal affection producing dropsy, which he relates, the lungs were in an advanced state of tuberculous disease.

These quotations are sufficient to show the difference of sentiment which exists among writers on the Granular Disease of the Kidneys, as to the co-existence of strumous diseases with that affection, and the influence which the scrofulous constitution exerts in its production. The data given in the following paper were collected for my own satisfaction, but, as the question to which they refer is both interesting and important, it is conceived that they may be worthy of publication. The points which I shall endeavour to illustrate, are—first, the frequency of the occurrence of tuberculous affections of the lungs, in conjunction with decided granular disease of the kidneys;—secondly, the relative frequency and importance of the different visceral complications in that affection;—thirdly, the relation as to priority between the granular affection of the kidneys, and the tuberculous disease of the lungs;—and, lastly, the frequency of the granular disorganization as a secondary affection in phthisis, and the influence which it exerts on the progress of the pulmonary disease.

In these inquiries I shall confine myself to the results obtained by dissection.—M. Rayer having shown—as I have myself seen—that the urine becomes more or less albuminous, in certain forms of secondary tuberculous deposition in the kidneys, or mucous membrane of the urinary passages; and hence, that in cases of phthisis, the diagnosis of granular disease of the kidneys from the state of the urine, is liable to fallacy. The data for the determination of these questions, I have drawn from the paper on Diseased Kidneys connected with albuminous urine, by Dr. Gregory,*—the work of M. Rayer,—and from a considerable number of unpublished cases examined and recorded by myself, in the 7th and 8th volumes of the Register of Dissections of the Royal Infirmary of Edinburgh.

I. In Dr. Gregory's paper, are detailed the particulars of 41 examinations of persons in whom decided granular disease was detected after death, and in the majority of whom it had also been diagnosed during life. Of these cases the condition of the lungs is reported in thirty-one, of which eight presented advanced tuberculous disease; and in a ninth case, a few tubercles were found at the apex of one lung.

M. Rayer has published the dissections of 45 cases of granular disease, exclusive of those of diseased kidney connected with the dropsy consecutive to scarlet fever, and in all of these the state of the lungs is recorded. Of the 45 cases, 12 presented extensive tuberculous disease in the lungs, and in 5 others there existed fewer recent tubercles in the upper portions.

In the Register of Dissections performed by myself at the Royal Infirmary of Edinburgh, in 1842 and 1843, I find recorded the results of examination in 42 cases of decided granular disease—in the larger proportion of which, the affection had been detected during life. In 40 of these cases the condition of the lungs is expressly given; and of these in six they were extensively affected with tuberculous deposition, and in four others there existed fewer recent crude tubercles. Placing together these observations, which do not differ more widely than will always be the case in limited series of facts, it results, that of 117 cases of decided granular disease of the kidneys, extensive tuberculous affections of the lungs existed in 26, and a smaller number of tubercles of recent origin in 10 others; or, out of the 117 cases, 36, or nearly one-third (30.7 per cent.), contained more or less extensive advanced tuberculous deposition in the lungs, a proportion much larger than that already quoted, as deduced by Dr. Bright from his table: it must, however, be observed, that, as in 11 of the cases included in his table, the condition of the lungs is not reported, his statement refers to only 89 cases.

II. The relation, however, which exists between the renal and pulmonary affections will be rendered more apparent, by a comparison of the relative frequency of the tuberculous affections of the lungs, to the other diseases of those organs, and of the heart and liver, which occur in the bodies of persons who have died of renal disease.

The cases which I have before analyzed will furnish the data for this comparison.

Of the cases related by Dr. Gregory, the condition of the heart is reported in 21, of which 7 only presented decided disease.

*Guy's Hospital Reports, vol. i. 1836. p. 381.
† On Granular Degeneration, pp. 112, 113.
‡ Sur les Maladies des Reins, t. ii. p. 313.
§ De l'Albuminurie, p. 238.

* Edinburgh Medical and Surgical Journal, vol. xxxvi. 1831, p. 315. I have not included in my analysis the small number of cases reported by Dr. Christison, as several are also published by Dr. Gregory, and in others the condition of the lungs is not reported.