

membrane that the hæmorrhages occur. The author is not yet satisfied to disregard the teaching that acute and also chronic inflammation of the uterus and its appendages are contra-indications to the employment of curettage, for experience has demonstrated that such conditions occasionally become suddenly aggravated upon slight provocation, and cause very serious results.

ON THE PROGNOSIS IN CHRONIC ALBUMINURIA.—Since it has become the practice to examine the urine for albumen as a matter of routine in all cases, as well as in the presumably healthy class of persons presenting themselves for life assurance and for the public services, a numerous and well defined group of cases has been recognised to exist in which the albuminuria may properly be termed "functional." They constitute from one-third to one-half of all the cases of albuminuria that come under one's notice. The clinical significance of albuminuria as a symptom has consequently undergone a marked diminution during the last twenty years. Moreover, the systematic examination of the urine permits of the recognition of the mischief at an earlier period of its course, in fact before the kidney structure has been irreparably damaged. Under these circumstances it has become possible, by improved hygienic and dietetic measures, to check its advance and possibly in acute forms to prevent its recurrence. This has not only rendered the prognosis of albuminuria as a symptom more hopeful but enables life to be prolonged even in the graver cases associated with renal disease. In cases of organic renal disease, however, many other circumstances have to be taken into consideration before arriving at a prognosis, such, for example, as the constitution of the patient, heredity; specific conditions such as gout, syphilis, struma, malaria, etc., also specific poisons such as scarlet fever, diphtheria, lead poisoning and the like. The result is that nearly every patient presents some variation worthy of notice affecting the predisposing or exciting causes that accelerate or retard the progress of the disease.

The most familiar varieties of chronic albuminuria are those which culminate in contracted kidney with its concomitant cardio-vascular changes, or the red variety. Owing to its insidious nature the true character of the disease is often not recognised until late and is then revealed by some symptom, other than albuminuria, of grave prognostic importance, such as albuminuric retinitis, dyspnoea, hæmorrhages from mucous surfaces and paralysis. The prospect of prolonging life at this stage is, of course, small indeed. I may mention the case of a patient whose urine in 1878 was found to be normal, his pulse soft and the heart not enlarged. In 1882 he was found to have developed albuminuria, with enlargement of the left ventricle and a tense pulse. During the

subsequent eleven years his condition has not become appreciably modified for the worse owing in great measures to his care in respect of diet and general hygienic precautions. In reference to the nephritis of gouty patients, the intensity and continuance of the inflammation appear to be influenced by the severity of the gouty manifestations and where these can be controlled the renal affection may run a very chronic course. In one case, in which albuminuria with distinct nephritis has run on for nineteen years, the patient is still alive. Symptoms such as uræmia, dropsy, etc., have not the same grave import in cases of gouty nephritis as in other varieties of chronic albuminuria and are often relieved by an outbreak of acute gout. Nephritis occurring in patients who have had syphilis is not of favourable prognosis, vascular degeneration usually supervening at an early period, after which life is rarely prolonged more than eighteen months. Among other forms may be noted chronic hæmorrhagic nephritis and a paroxysmal form which may well be a true gouty inflammation of the kidney. Still another form is met with in middle aged, obese persons, probably due to venous plethora, often coexisting with a mild form of diabetes. The albuminuria met with in morphia *habitués* is probably due to this cause, the drug causing partial paresis of the renal veins and their branches. It is essential not to overlook the importance of intermittent albuminuria in persons past middle age, this being often the prelude to more serious manifestations. A milk diet is of value more particularly in acute or sub-acute nephritis and for the relief of dropsy. It is badly borne at an advanced period of the disease, especially if there be much arterial degeneration or uræmic symptoms. In one such case uræmic convulsions followed every attempt to enforce a rigid milk diet.—*Med. Week.*

THE MOTOR DISTURBANCES OF THE HEART OF NERVOUS ORIGIN.—Dr. George W. Jacoby read a paper on this subject. He stated that in a large number (probably in more than one-half) of the persons who consult us on account of some motor disorder of the heart, no anatomical lesion is clinically discoverable, and no mechanical cause can be found. In such cases it is reasonable to seek for the cause of the altered function in some disorder of the complicated nervous apparatus of the heart. The subject may be conveniently divided into intermittent, irregular, abnormally slow (bradycardia) and abnormally frequent (tachycardia) heart's action.

Intermittency may be true or false; in the latter form the pulse fails, but the heart is regular, while in the former the heart beat is actually dropped. In irregularity of the heart's action the number of pulsations varies from minute to minute, or the pulsations vary in height and tension. These