patient died. Four cases were operated upon six months ago: two are free from casts and albumen; the other two show improvement. In the two last cases operated upon, the time is too short for deductions.

The author believes, especially from the above eight cases of cure operated upon one year or longer ago, that chronic Bright's disease is curable by operation, but as the time required for improvement to begin to show itself is ten days or more, and as this improvement is gradual, the late stages of the disease may not be fitted for the procedure.

While operating on a kidney on which a nephropexy had formerly been done, he observed numerous arteries large enough to require ligation, passing between the fatty capsule and the kidney with the flow of blood *towards* the kidney. This increased blood supply, most probably, leads to gradual absorption of the adventitious tissue in the diseased kidney, giving relief to the tubules from pressure, and allowing the epithelia to regenerate. The cure is gradual, requiring from one to twelve months. It is not a relief of kidney tension from removing the capsule, but of vascularization. The capsule in chronic Bright's disease never compresses the organ, although it may be adherent, but may even sit loosely upon the kidney. The fatty capsule and the kidney are both liberally supplied with blood vessels, and the denuded kidney furnishes an extensive surface for intercommunication, while the fibrous capsule proper is an impenetrable barrier to the passage of the blood vessels.

The author operates if the expectancy of life is more than a month, if there are no incurable complications, and an anaesthetic is not contra-indicated.—*Interstat. Med. Journal.*

THE OPERATIVE TREATMENT OF TRAUMATIC INTRACRANIAL LESIONS.

C. Phelps, New York, after a brief review of the principles of treatment of cranial fracture, discusses the rules of procedure for the treatment of intracranial injuries. Successful treatment depends upon correct diagnosis, and the diagnosis in turn upon accurate knowledge of existing pathic conditions. The primary traumatic intracranial lesions are classified by the author as follows:—1. Hæmorrhages. 2. Contusions; 3. Brain lacerations. Hæmorrhages are subdivided into: (*a*) Supradural or epidural; (*b*) Pial; (*c*) Cortical. Contusions are: (*a*) Meningeal; (*b*) Cerebral.