we analyse Dr. Edebohl's paper carefully we cannot but feel disappointed. In the first place, we find him claiming that "the proposition to treat chronic Bright's disease by bilateral renal decapsulation as a basic operation is original with the writer." This, no doubt, is a fact, but unfortunately he only acted upon this proposition in a single instance, and his patient lived but eight weeks after operation, dying of pyelitis. Sixteen of his cases were patients subjected to the operation of nephropexy, presumably for floating kidney, the capsule being stripped to an extensive degree in the operation. Albuminuria had been observed in these cases before operation, and subsequent thereto albumin disappeared in most instances; the remaining case was one of septic nephritis, where one kidney only was available for operation, the other having been removed some months previously for septic nephritis, the kidney being riddled with innumerable abscesses:* as the operation on the remaining kidney had only been performed thirty days before the record was made, the result as to permanence of relief cannot be predicted with certainty. Edebohl's youngest patient was nineteen years of age.

The disappearance of albumin and casts from the urine after operation on the kidney has been noted by many observers, such as Rose, Newman and Ferguson. We are mainly indebted, however, to Harrison, in England, and to Edebohl, in America, for pointing out the bearing which these results have on the question of the possibility of curing albuminuria by surgical means.

Harrison's explanation of the results is reasonable, and we are almost bound to accept it for acute nephritis, but as yet we are wholly in the dark, in my opinion, respecting chronic nephritis. In my case the capsule was not tense: the kidney, it is true, was much enlarged, but this was due to a slow process of chronic parenchymatous nephritis, and the capsule no doubt gradually accommodated itself to the increased bulk of the organ. Edebohl believes that as the result of the operation of decapsulation strong bands of adhesions form between the kidney and its immediate surroundings; large blood vessels run in these, and thus the blood supply to the kidney is greatly increased; this, he believes, "allows of gradual absorption of interstitial and inflammatory products, freeing tubules and glomeruli from external compression, constriction and distortion, and permits establishment in them of normal circulation, resulting in regeneration and reproduction of the new epithelium." The cure, in his opinion, is gradual and progressive, and the final disappearance of albumin and casts may not occur for from one to twelve months after operation.

Edebohl considers that a cure of cirrhosis of the liver is a possibility by securing for the liver a similar increase of blood supply,

* Recently Lennander, of the University of Upsala, has drawn attention to the benefit derived from splitting the kidney and resecting portions of diseased kidney tissue in acute pyelonephritis with miliary abscesses. He reports five cases. An abstract of his paper appears in the *Centralblatt fur Chirurgie*, November 2nd, 1901, p. 1087.