

of '1011, acid reaction, containing a few blood corpuscles, a few casts and some amorphous urates.

This truly is a remarkable and satisfactory result, but the explanation thereof is to my mind still quite obscure. The treatment has thus far been purely empirical. The fact that stripping the capsule of the kidney relieves the condition of albuminuria was stumbled upon accidentally, and it has gradually dawned upon us that we may possibly possess an effective method of treating chronic and acute nephritis. Nothing we know of the physiology and pathology of renal secretion will adequately explain the results obtained in this operation. There is here provided a field for valuable research work, and, no doubt, investigation will proceed forthwith in the experimental laboratory. The questions which have to be solved are how can this operation produce such an effect upon the secretory activity of the kidney as to increase the amount of urine secreted and to diminish the amount of albumin, and how are these effects so far-reaching as to remove edema and ascites?

Mr. Reginald Harrison has suggested an explanation which appeals to me as reasonable if applied to certain classes of cases. He believes that renal tension is relieved by splitting the capsule, and thus the kidney is permitted to perform its normal function. That renal tension exists in acute nephritis no one will deny; such rapid swelling of the organ has occurred that, post-mortem, the capsule has been found to have actually burst. Well recognized principles of surgery may therefore be employed here, and an incision of an acutely inflamed kidney may, by relieving tension, afford relief and effect a cure, just as a glaucoma is relieved by iridectomy, or an acute orchitis is relieved by incision. These are comparisons suggested by Mr. Harrison, and we cannot but agree that the arguments he advances along these lines for incision of the capsule of the kidney in acute nephritis are logical. The explanation is, however, not adequate for those cases of albuminuria of long standing which are relieved by simple nephrotomy.*

Mr. Harrison's successful cases are those of post-scarlatinal nephritis; nephritis contracted by exposure to cold; nephritis after influenza and that of traumatic origin. He has also observed the disappearance of albumin after operation in calculous nephritis.

In December, 1901, there appeared in the *New York Medical Record* a paper by G. M. Edebohl, of New York, with the promising title, "The Cure of Chronic Bright's Disease by Operation." The author proposed to treat chronic Bright's disease by bilateral renal decapsulation. He gives a table of eighteen cases of kidney operations where albumin was present; of these eight cases were cured; they had all been under observation for from one to eight years after operation, and the albumin and casts were no longer found in the urine. The other ten cases were in most instances relieved. This looks most promising and encouraging, but when

*"Renal Tension and its Treatment by Surgical Means," by Reginald Harrison. *British Medical Journal*, October 19th, 1901.