

received benefit, of these seventeen are regarded as cured ; but twenty-two died subsequently to operation, the majority within a few months from progressive disease, generally terminating in uræmiæ.

But the difficulty present with us in reviewing this book is the revolutionary pathology advanced.

The term "Bright's disease" is one which has been very variously used. It is often regarded as synonymous with nephritis, and so it seems to be in this book. But it should be restricted to those cases of nephritis which are associated with dropsy, or with albuminuria, or with both. In many of the cases here related, Bright's disease appears certainly to have been present. Dropsy and ascites, albuminuria, tube casts, cardiac hypertrophy and retinitis, all contribute to the clinical picture. According to generally received views of Bright's disease, it is a general toxæmia, the toxic agent circulating in the blood, and affecting other tissues than those of the kidney, though, perhaps, having a special affinity for this organ, or perhaps affecting it more severely as it is the organ on which the strain of elimination chiefly falls.

Now, among the seventy-two cases here recorded, eleven are stated to have been unilateral, and Edebohls advances the theory that the disease may begin in one kidney and may remain confined to one kidney. It is easy to understand how a unilateral nephritis may be set up by repeated attacks of congestion in a movable kidney, or how one kidney may become affected by a local toxæmia passing up the ureter, as in sepsis or tuberculous disease, but it is not easy to understand how a general toxæmia should not affect both kidneys simultaneously. It is noteworthy that in many of the cases pelvic disease is present, and it may be found that the majority of the cases of unilateral nephritis are really local infections.

We would draw attention to an article in the *Montreal Medical Journal* (May 1904) by our own countryman, Primrose, of Toronto, in which the whole problem opened up by the work of Edebohls is treated in a masterly manner and a very interesting case contributed.

Two cases of renal decapsulation for puerperal eclampsia are given in this book, both being successful. These are extraordinary facts and indicate a vast change in the horizon of renal surgery, from a time when operation during kidney disease was considered as contraindicated.

The anæsthetic used in the great majority of cases was a mixture of nitrous oxide and ether, but Edebohls says he sees "no good reason why any surgeon should not use in his operations upon the kidney the same anæsthetic to which he is accustomed in his operative work generally."

On p. 75 a case is narrated in which the anæsthesia was begun with nitrous oxide gas and oxygen, but was soon changed to ether "and subsequently to chloroform to avoid death on the table." This is a remarkable statement to come from an American surgeon, and would lead an Edinburgh man to ask "why not use chloroform always."

The *American Journal of Nursing* (official publication of the trained nurse profession), Christmas number, contains a number of exceptionally interesting articles, among which is one by Bishop L. H. Brent, D.D., entitled the "Protective Forces of the World;" "What made Life Worth While," a Christmas story by Lucy Rider Meyer, A. M., M. D., of Chicago;" "A New Cranford," being a more or less true account of an experiment, by Miss Isabel McIsaac, late Superintendent of the Illinois