

capsule had no anastomosis with the kidney. The consensus of opinion is now that the beneficial result is due almost entirely to the lessening of tension. In a general disease like chronic Bright's, however, it is conceivable that only a temporary benefit could follow such a procedure. Dr. Primrose's paper, however, is of great help in throwing light upon this most difficult subject, which still requires further investigation.

DR. PRIMROSE: I must thank you for the kindly way in which you have received this paper. Enough has been said to show that we are pretty much all at one upon the subject. What Dr. McCrac has said is perfectly true, and regarding acute nephritis, I also agree with Dr. Martin; my view has always been that in acute parenchymatous nephritis operation is found to be of more advantage than in the interstitial form. Dr. Mills has stated very clearly the results of the environment and reflex action. With regard to Dr. Garrow's remarks on Morris's early cases, I think all he did was to give relief. The re-formation of the capsule undoubtedly occurs. I am pleased that Dr. Finley has also noticed the disadvantage of administering calomel in these cases. We can now show that a profound effect may be produced, but we do not understand the final result upon the kidney and its nephritis; that temporary relief is afforded, I think, is proved beyond all doubt, and that alone seems to me to justify operation. This being the case we must still further investigate before we can pronounce a definite opinion.