

I consider the clinical history which I have just narrated is important, because it was one of the first cases operated on for the cure of chronic Bright's disease (excluding from this category cases of nephritis complicating a movable kidney), and one can follow the case for two years and four months subsequent to operation. The immediate result of the operation was most gratifying, and one might say remarkable, and the prospect of having done the patient permanent benefit was good, but relapses have occurred. No doubt the lad's life was saved by operation at the time of his first admission to the hospital. His general health remained excellent until a year and nine months after the operation, when he had his first serious set-back. He was then readmitted to the hospital with an acute attack of nephritis, which readily yielded to medical treatment. Ten weeks subsequently another acute exacerbation took place and further operative interference was attempted for his relief. The operation of decapsulation which was performed on this occasion was of questionable benefit, for two months later he suffered another relapse which was followed by yet another after an interval of a month. On careful observation of the conditions under which he suffered these acute attacks during the past six months in the hospital it would appear that the acute exacerbations were induced by alterations in diet. As long as the patient was kept upon a diet consisting of milk, cream and farinaceous food he remained free from trouble, but when he was placed on full diet he soon developed serious symptoms. Further, it would appear that the administration of 1000 units of anti-diphtheritic serum induced one of these attacks.

The second case upon which I operated for the cure of chronic Bright's disease was admitted to the Hospital for Sick Children on June 24th, 1902. The patient, a boy 8 years old, had had measles in infancy and diphtheria six months before admission. The first symptoms of kidney disease were exhibited a month before admission, when puffiness of the face developed and general anasarca. The general oedema increased and shortly before coming to the hospital he had ascites. On admission he was passing $16\frac{1}{2}$ ounces of urine in 24 hours, specific gravity 1040, with 1.5 per cent albumin, containing hyaline, fatty, granular and epithelial casts. The patient was placed on milk diet, whilst free purgation and hot packing were employed. No improvement occurred and a month after admission his condition was considered critical. For seven consecutive days previous to operation he had passed an average of 7 ounces of urine daily, specific gravity 1030, albumin 1.3 per cent, containing hyaline, fatty and granular casts. The urea was 2.25 per cent. The right kidney was then operated upon and the capsule completely removed. The kidney at