true, that in this form the parenchymal changes predominate; they are quantitatively greater than in the second variety, where the process, while diffuse, produces chiefly interstitial or stromal changes with resulting induration. The classification would be as follows:

1. Chronic parenchymatous nephritis. (Chronic diffuse nephritis without induration).

2. Chronic interstitial nephritis. (Chronic diffuse nephritis with induration).

(*a*) Primary chronic interstitial nephritis.

(*b*) Secondary chronic interstitial nephritis.

(*c*) Arterio-sclerotic kidney. (Arterio-sclerotic interstitial nephritis).

3. Mixed type—*i. e.*, a combination of 1 and 2.—JAMES B. HERRICK (*Jour. of Am. Med. Ass.*, October 4, 1902).—*Interstate Medical Journal.*

SURGERY.

IN CHARGE OF

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ON THE AVOIDANCE OF SHOCK IN MAJOR AMPUTATIONS BY COCAINIZATION OF LARGE NERVE TRUNKS PRELIMINARY TO THEIR DIVISION.

The diminution of arterial tension is the characteristic feature of shock, and while slight injuries to an extremity cause an increase in said tension, very severe ones cause a decrease of the same. When a certain amount of shock already exists, there is especial danger in the division of sensory nerve trunks. Cocaine injection, by blocking the centripetal influences, effectually keeps down shock from this source. In one case described by the author the pulse jumped from 110 to 150 upon the division of the brachial plexus, no cocaine being used. In a second, where the same thing was done after the drug had been introduced, there was absolutely no shock. When peripheral mixed nerves are put on a stretch there is an acceleration of cardiac rhythm, indicative of a reflex pressor effect. However, this may be followed by lowering of pressure if