

which the whole matter has been discussed. Remembering that Dr. Primrose was one of the pioneers in this operation, it would have been natural had he been carried away by enthusiasm. On the contrary, he has throughout endeavoured to determine the truth. He has given us an example of the methods of pure science applied to the clearing up of a surgical problem.

DR. FINLEY: Dr. Primrose's first case is convincing of the benefits which may accrue in certain cases. Personally, I have been rather prejudiced against the operation in chronic Bright's disease, and, consequently, I have not recommended very many cases for the performance of the operation. In one instance, Dr. Armstrong operated on a woman in middle life who had had oedema of the lids for several years. In this case the capsule was stripped on both sides at one sitting, and the woman has been free from the symptoms with which she previously suffered, but the character of the urine is not materially altered. In this case one of the kidneys was enlarged and, therefore, Dr. Primrose's view that it is the relief of tension which is brought about may probably apply. I think it is in acute cases where the kidney is strangled and certain other cases where there are attacks of temporary swelling that splitting or decapsulation will be of benefit. I quite agree with Dr. Primrose about the free use of calomel in Bright's disease; a few years ago one member of the hospital staff administered calomel to all his patients suffering from Bright's disease, and as a result most of them developed severe mercurial stomatitis.

DR. McCRAE: The only kind of case that surgeons are at one upon is the acute nephritis; the second class of cases, upon which they are almost agreed, is chronic nephritis in which there is high tension; these two have one thing in common, the ability to produce high tension. If a kidney can produce increased tension, it implies that that kidney has at its disposal more than half of its tubular epithelium still in a state of normal or nearly normal, which again brings the prognosis to the question of how much normal or nearly normal kidney one has to deal with; and success is obtained in those cases which are comparatively little damaged.

DR. MARTIN: A point which would interest one is to know whether one form of nephritis has been more benefited than another by the operative treatment. One is surprised to see one of the best American clinicians advocating that chronic parenchymatous nephritis is the only one benefited by operation, while another experienced surgeon says that improvement is only found in the chronic interstitial cases, and only so long as the capsule is not reformed around the kidney. That one should expect to get a cure in cases of nephritis of any kind seems