

retains the suture material if it is properly applied. In regard to the question of operation I too have taught students the difficulty referred to by Dr. Armstrong, and I might say that in every one of the cases the whole condition has been placed before the patient. The tear of the aponeurosis has been the basis of my decision in operating, it was present in all my cases, and the inability of the quadriceps to lift the leg up proves that it is a distinct rupture of continuity between the thigh and the leg. With regard to the clot I concur in the belief that it could not be removed by aspiration until too late to be of service to the strength of the limb.

*Fourteenth Meeting, April 15th, 1904.*

H. S. BIRKETT, M.D., PRESIDENT, IN THE CHAIR.

DR. A. PRIMROSE, of Toronto, read a paper upon Some Observations on the Surgical Treatment of Chronic and Acute Nephritis. The paper appears at page 317 of the May issue of this JOURNAL.

In the discussion which followed, Drs. Shepherd, Martin, Finley, Mills, Adami, Garrow and McCrae took part.

DR. ADAMI: Thinking over what Dr. Primrose has told us this evening—the full presentation of his first case with its history of marked improvement following upon the operation, followed later by indications of disturbed kidney function, and the further evidence he has afforded us that experimental decapsulation of the kidney is followed by cicatrization of the surface and consequent destruction or injury to the cortical tubules—there has been recalled to me the definition I gave some years ago of inflammation, namely, that it is the attempt at repair of injury. I had then to point out that attempted repair and repair are two very different things, that inflammation, however benign, rarely accomplished the complete restoration of a part to its previous integrity; that the reaction was either in excess of the needs of the organism or inadequate. And what is true of inflammation must be true also of surgery and of our experimental attempts at repair, for, after all, what the surgeon accomplishes or attempts to accomplish is of the nature of a simple uncomplicated inflammation. The surgeon by his intervention cannot bring about an absolute return to the normal. And so it is with decapsulation of the kidney. We may hope that this will accomplish a temporary improvement, possibly by reduction of tension; we cannot expect that the tissue which comes to replace the capsule will be perfect. On the contrary, we must expect that, if formed of cicatricial connective tissue, it must, like all such cicatricial connective tissue, tend to contract. What has been so striking in this evening's paper is the calm and scientific way in