ing at the hilus are free. Likewise, the vessels in the zone between the medulla and cortex are free from any sign of plugging. It would seem that only those branches of the arteries which form an arc in the middle of the cortex are involved. This being the case, it is probable that the agent bringing about this thrombosis is one manufactured in situ. What this can be, I am not able to say. We have, however, the interesting condition in both kidneys of this patient, of complete infarction of the outer zone of the kidney cortex. In the literature I find similar cases are reported, all of them in association with pregnancy. However, the lesion is a very unusual one, and one which requires much further study to explain the origin of the thrombosis. Infection, I think, we can exclude, as the thrombi in the vessels were not of an inflammatory nature. It may be that we are here dealing with non-inflammatory thrombosis similar to those met with in the liver in eclampsia.

GEO. A. BERWICK, M.D. The patient, a primipara, came under my notice about the middle of August. She was then about 7½ months pregnant. She gave a history of being well until about 3 weeks previously; when she began to suffer from insomnia. She was very pale and on boiling a specimen of the urine it was practically solid albumin. I put her to bed on August 24th and gave free saline purgation with liquid diet. She did not improve and on the 29th entered the Montreal Maternity Hospital. Here Dr. Chipman saw her with me. There was now tremendous œdema of the vulva which in spite of treatment seemed to increase and on the 31st the question of immediate delivery came up. Cæsarean section was the method decided upon and no difficulty was met with in performing the operation. She recovered fairly well from the operation, but on the day of the operation no urine was passed at all. She was then catheterized and the amount of urine varied from 95 cc. which was the lowest on any one day, to 465 cc. the highest. Before operating it varied from 150 to 300 cc. in the 24 hours. On September 5th, only 105 cc. were passed but without any particular complaint of headache. About 11 o'clock, however, after some restlessness she was seized with a convulsion which lasted a few minutes and about half an hour later another. 800 cc. of blood were removed and she regained consciousness and seemed fairly comfortable for a week after. The pulse was weak and on several occasions there was dyspnœa which was very marked on the night of the 11th, a hypodermic of strychnine gr. 1-30th and ¼ gr. morphine was given and two hours later a hypodermic of 1-100th gr. digitalin was given and she rallied and was considerably better that day. Two days before death pain was complained of over the heart and pericarditis was found to be present with beginning