

The following day the patient had a fit, and no urine was excreted. The temperature was normal and the pulse varied from 100 to 120.

The next day the patient vomited a dark material, but took 32 ozs. of milk by mouth. Saline was infused and she was cupped and poulticed over the kidneys, and hot packs were employed. Croton oil acted freely on the bowels. The patient seemed bright. Temperature was 99, pulse 90.

The following day there was a slight jaundice. The mental condition was good and appetite was present. Pilocarpine hypodermically resulted in profuse sweating. About $\frac{1}{2}$ oz. of urine was obtained by catheter; there was only a trace of albumen in it. The treatment was continued.

The next day the jaundice was most marked. The sweating was profuse, but no urine was secreted. The pulse was 80 to 90.

The following day the right kidney was cut down upon, the capsule stripped and the kidney was incised for a short distance. The patient stood the operation well, but during the day her pulse failed. She complained of abdominal pain, became very restless, but there were no convulsions. She died ten hours after the operation just about five and a half days after the commencement of the suppression of urine.

The general interest of the post-mortem is centred in the kidneys which were markedly abnormal. The liver presented moderate fatty changes. The kidneys were somewhat larger than normal, and were rather congested. A large portion of the cortex, over practically the whole surface of the organ and in between the pyramids, was the seat of very profuse changes, apparently of the nature of infarction. "At all points there appears to be a layer of normal cortex next the medulla, but the outer parts of the cortex, forming from one to two thirds of the whole, are sharply demarcated from this by a zone of intense congestion with extravasation of blood." The infarcted tissue presented the usual dull, opaque, yellow appearance, with congested and hæmorrhagic margins. There was no thrombosis or endarteritis. Microscopically, the infarction was found of a fairly recent character. The condition of infarction is associated with widespread thrombosis, which was confined to the smaller blood vessels of the cortex. No embolisms were recognized. No micro-organisms were found in the necrosed tissues.

Dr. Jardine has recorded two other cases in which the conditions were almost the same. Both of them were associated with prolonged suppression of the urine without marked uræmic symptoms. He compares these with other cases of suppression of urine without this necrosed condition in the kidneys, in which the suppression was associated