

mality of size and the capsule strips easily. There are persistent fetal lobulations.

Microscopically, the fat tissue is seen to be merely an excess of physiological deposit and not a product of degeneration or neoplasm. The whole renal structure shows a marked protoplasmic or parenchymatous degeneration; the intensity of this degeneration varies in different areas, probably determined by the vascularity. All the tubules, and especially the convoluted tubules, are affected, while the glomeruli show a marked shrinkage of the capillary tuft, an attenuated Bowman's capsule, and within the latter a collection of parenchymatous debris. Occasionally the capillary tuft is entirely wanting and the capsular space is entirely filled with debris. The blood-vessels share to a lesser extent in the degenerative process. There are numerous tubular plugs, hyaline and granular. No interstitial change is observed, and no sign of any neoplasm anywhere. The extensive necrosis may be partly due to poor post-operative preservation, but some of it is distinctly a vital process, especially the changes in the glomeruli. This latter factor warrants a diagnosis of glomerular nephritis.

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The extensive necrosis mentioned in this report, I believe, was entirely and wholly a vital process, as the specimen was very carefully preserved.

Bergmann says nephrotomy has entirely supplanted nephrectomy in the treatment of these cases, and possibly splitting the kidney and uniting with mattress sutures, as I first thought of doing, might have been sufficient in this case, but the patient's condition had become so serious at the time of operation, and I had no means of knowing the pathological condition at the moment, and from the fact, as I have already stated, that I was assured no further operative procedure would be permitted. I adopted the radical method of freeing my patient from her diseased condition. Forchhiemer, in his recent work on treatment, page 442, reports a case in which the hematuria did not cease after nephrotomy, but in which he claims calcium chloride had an excellent effect. He does not say, however, that the case was cured. That such cases do die cannot be denied. V. Bergman says in his *Surgery*, p. 342, Vol. V., "that there may be an intense hemorrhagic nephritis, which affects only one kidney, the only symptom of which for a long time may be the repeated hemorrhages. The disease may prove fatal without affecting the other kidney."