prolonged anuria from obstruction accessible in literature were subjected to analysis. Of the 41 apparently reliable cases in which anuria lasted four days, 35 occurred in males. This striking difference in sexual incidence is probably explained by the nature of the obstruction to the escape of urine. In 14 of the 21 cases in which an autopsy was made the ureter or pelvis of the kidney was obstructed by a calculus, on one or both sides, the obstruction thus created being the cause of the anuria. I have been unable to find the record of a case in which anuria in a female was due to obstruction of the ureter or pelvis by a calculus. Of 36 cases in which there was either absolute anuria (if we can trust the histories) or in which only an insignificant quantity of urine was passed, the condition in 11 cases lasted more than 4 days and less than 7, in 18 cases lasted from 7 to 14 days, and in 7 cases lasted longer than 14 days.

Although the records are not wholly satisfactory, they serve to bring out clearly some important facts regarding the symptoms of obstructive uræmia. It is interesting to note that in seven of our forty-one cases it is definitely stated that no uræmic symptoms occurred, although some of the cases were of considerable duration (5, 5, 6, 7, 8, 9 and 11 days). Although it is not unlikely that some of the unobtrusive indications of uræmia were overlooked in these cases, it is fair to suppose that there were no well-marked uræmic symptoms. It seems clear that it is the rule for uræmic symptoms not to begin for several days after the commencement of the anuria. In a number of cases more than a week elapsed before pronounced indications of uræmia began. In twelve of the forty-one cases it is noted that vomiting was present at some period of the anuria. In one case (that of Russell, lasting twenty days) it is said that vomiting was present from the beginning. Diarrhœa does not appear to be so frequent a symptom as vomiting. It was noted in only six cases. Headache was described in only six cases. Insomnia, with restlessness, was observed in several instances, and may be present from the beginning. Muscular paralysis was not recorded in any of the cases, although a considerable degree of muscular prostration was repeatedly observed, and is probably a relatively early symptom in most instances. Pronounced delirium was a rare symptom. General convulsions is another uncommon symptom, having been noted in only five of the forty-one cases. Twitchings of the muscles, not sufficiently wide in range to constitute convulsions, were observed in eleven cases. According to Roberts this is a highly characteristic symptom of obstructive anuria. As regards the state of the mental faculties it seems safe to say that death is usually preceded by drowsiness, if life lasts more than