

permeability of the kidney—high phthalein, 70 per cent. for two hours, normal diastase, normal urea output, no cumulative phenomena but retention of salt. It is not necessary to assume that the diastatic activity has been accelerated by the albumin.

First it seems advisable to determine whether or not albumin does activate diastase, and if it does, to what extent. In case it does, then it must be determined whether the character of the albumin or the quantity plays a rôle and to what extent. Since albuminuria is almost constant in conditions in which the diastatic activity is determined, and since marked albuminuria may be associated with zero and low "d" values, it constitutes a serious defect in the test to attempt to ascribe normal or high findings in certain instances to the presence of albumin. Uncertainty as to the interpretation of the findings of a test must of necessity decrease the practical value of that test.

CONCLUSIONS

1. The quantitative estimation of the diastatic activity of the urine as it is employed at present shows low values in the majority of cases of mild and severe nephritis, while in cardiac and cardiorenal cases the diastase findings are bizarre. Owing to the frequent occurrence of normal diastatic values in cases in which considerable or grave renal functional involvement is unquestionably present, and of low diastatic values which are not in accord with the clinical course of the case or with findings of other functional tests, no diagnostic or prognostic significance attaches to this test, other than that which is corroborative in character. As a single test it is unreliable. Further data as to the influence of albumin on the "d" value are desirable.

2. The phthalein test is the one of choice and unquestionably the most valuable single test in this group of cases.

The total non-protein N and urea content of the blood are of about equal value in severe cases, while the freezing point of the serum is probably of somewhat less value since depression in the freezing point is lacking in several instances in which one or both of the other tests indicate that retention is present.

3. Both tests of excretion and of retention are valuable. In all cases a phthalein test is advisable. *Whenever the phthalein output is decreased even but slightly the total non-protein nitrogen or the blood urea or both should be determined.*