

Diastase may be tremendously depressed in moderate degrees of renal injury, while at other times it is not affected proportionate to the injury, hence it is not reliable for total capacity. In unilateral cases the diseased kidney is correctly indicated.

The value of total incoagulable nitrogen and of urea in the blood has been enhanced by the introduction of newer and more accurate methods by Folin and by Marshall. Increased concentration of these substances does not always occur in severe renal involvement, hence their normal concentration in the blood does not indicate normal kidneys. Their increase signifies renal injury, and the extent of the increase is of extreme value in determining the extent of the injury. They are not of value in determining the diseased kidney where only one is involved.

Cryoscopy occupies a similar position with about the same significance. A study of the combination of these three tests is needed in order to determine the extent of parallelism in their findings.

With cholesteremia we have no experience and with Ambard-Constant not sufficient to justify an opinion.

BIBLIOGRAPHY.

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- ⁴ Pierce, Hill and Eisenbrey. *Jour. Exper. Med.*, 1910, XII, 198.
- ⁵ Austin and Eisenbrey. *Jour. Exper. Med.*, 1911, XIV, 366.
- ⁶ Pepper and Austin. *Amer. Jour. Med. Sci.*, CXLV, 1913, 254.
- ⁷ Baetjer. To appear in an early number of *Arch. Inter. Med.*

For detailed consideration of various tests, see previous communications on functional studies by the author and his co-workers:

- Jour. Pharmacol. and Exper. Therap.*, 1910, I, 579.
- Ann. d. Mal. d. Org. Gen.-Urin.*, 1911, XXIX, 289 and 414.
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- Arch. Inter. Med.*, 1912, IX, 284; 1913, XI, 121 and 258.

DISCUSSION.

DR. HUGH CABOT (BOSTON): I believe that the choice of this subject of the Study of Renal Function for a general discussion this afternoon will be found to be an exceedingly happy one. There is no department of medicine, however wide or however narrow, in which we are not concerned with this question; and it is only of