

tion; secondly, in securing assent to the existence of certain principles which govern the mental side of nerve disorders; and, thirdly, if it helps in the establishment in this country of a school for the study and teaching of psycho-therapeutics, and notably of that branch known under the terms of hypnotism and suggestion.

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SOME PHASES OF THE NEPHRITIS PROBLEM.*

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IT was Bright who first gave us the stimulus to study diseases of the kidneys by pointing out the relationship of renal disease to certain clinical symptoms. From his day down to the last century practically all of the investigations concerned themselves with the attempt to correlate changes in renal structure, as found post mortem, with the clinical evidences of the disease observed during life. Such studies did not lead very far, for it became evident that there was no very definite structural relation between renal disease and symptoms. Beginning in 1900, this problem was approached experimentally by the production of acute renal changes in animals, and among the earliest results of such experiments was Schlayer's division of renal lesions into tubular and vascular. Schlayer sought to show the relation of each of these types of lesion to definite clinical phenomena. Further work along such lines soon showed that in man the renal lesions which produced definite symptoms were never strictly confined to one or the other of the two types, but that each was present to some degree in every lesion. O'Hare and I reached the conclusion from work on animals and man that there was little relation to be made out between changes in renal structure and renal function.

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