hours. The phthalein test was given, a faint trace appearing in forty minutes, and at no time was more than the merest trace detected. Repeated subsequent tests yielded always the same result. One week after admission he began to exhibit signs of uraemia, which gradually increased until deep coma ending in death supervened. Autopsy: Both kidneys presented marked atrophy, neither organ weighing one-third of normal, a severe grade of interstitial nephritis being present. This case is of particular interest because of the fact that the urinary output, the urea, the total solids and the total nitrogen were normal, and casts were also absent.

The following is a history of a case in which the diagnosis was perfectly apparent clinically but in connection with which the test proved a striking confirmation as the phthalein failed to be eliminated.

Mrs. W., age 21, admitted November 7th, with symptoms of uraemia. Patient had had eclampsia in May, 1909, and had never fully recovered her former health. Suffered from frequent attacks of epistaxis, dyspnoea, puffiness of eyelids and oedema of ankles. On examination marked emaciation and pallor were noted. R. B. C. 1,900,000; Hb. 22 per cent.; high grade of choked disc; B. P. 230; temperature normal. Urine was somewhat decreased, S. G. 1013 to 1019, albumin 19 gm. to liter, no casts, acetone and diacetic acid positive at times.

The phthalein test was given the day after admission and showed entire absence of elimination during two hours.

Despite vigorous treatment, coma became deeper, and death supervened five days later.

Autopsy 3460 showed an extreme grade of interstitial nephritis with a superimposed acute haemorrhagic nephritis.

In the following case the diagnosis was exceedingly obscure until the evidence brought forward by the test was added. Before the administration of the test, nephritis was only one of many possibilities entertained.

Mrs. O., age 47, admitted March 23, 1911. In October, 1910, noted fatigue and dyspnoea on slight exertion, together with slight oedema of lower extremities. In December nausea and vomiting developed and have been present almost constantly since. On examination, patient was poorly nourished and showed marked anaemia. R. B. C. 1,500,000; Hb. 15 per cent.; W. B. C. 6000; slight increase in cardiac dulness, apex slightly down and out, slight systolic murmur in pulmonary area; no oedema of extremities. Urine: pale yellow, S. G. 1011, albumin—a trace, *no casts on repeated examination.* B. P. 135. Eye grounds: negative. Although nauseated she was mentally bright and seemed in no imminent danger. The phthalein test showed no output in three hours. Two days