

condition seemed about the same, but her phthalein output had decreased to a mere trace. The following day she became suddenly irrational and rapidly went into coma and died within twenty-four hours. Autopsy findings: syphilitic hepatitis, general amyloidosis, especially of kidneys and spleen, thrombosis of right renal veins and veins of left side of pelvis.

Although the number of cases of chronic parenchymatous nephritis has not been very large, sufficient data have been collected to indicate that the test is of decided value in revealing the functional efficiency of the kidney in this condition. In the mild cases very little disturbance of function is indicated, and it may be impossible from the test alone to differentiate this condition from albuminuria. In 21 cases of chronic P. nephritis tested, when there is a marked decrease in the phthalein output, marked renal changes are present, and when only excreted in traces or not at all a grave prognosis should be given even though no signs of uraemia exist.

CHRONIC INTERSTITIAL NEPHRITIS.

Twenty-two cases of the type clinically classed as chronic interstitial nephritis have been under observation. In many of these cases previous to the administration of the phthalein test no accurate idea of the degree of involvement of the renal function could be ascertained, even after the most careful clinical study. The phthalein test has proved itself of immense value in revealing the degree of destruction of the renal substance, and has demonstrated itself to be of extreme importance from the standpoint of both diagnosis and prognosis.

In most of the cases of this series the time of appearance has been markedly delayed, and the output of phthalein markedly decreased; where the output is lowest, the delay in appearance is most pronounced. The time of appearance, however, is not so important as the amount of excretion. (Of the four cases in which no drug at all or a mere trace was eliminated within the two hours following the injection, two died within a week, one within a month, and the other within two months, all with uraemia. In two of these instances no clinical evidence of uraemia was manifested at the time of the test, and the advanced degree of renal disease was not suspected until revealed by the test itself.)

S. B. G., age 55, Surgical No. 25, 174, admitted December 21, 1909, complaining of difficult and frequent urination. These urinary symptoms were dependent on prostatic enlargement, the residual urine amounting to 440 c.c. Patient was apparently in good physical condition, well nourished, but slightly anaemic. Urine slightly cloudy, acid, S. G. 1010, no sugar, slight trace albumin, and no casts. Urinary output 2000 c.c. in twenty-four hours, urea ranging from 20-30 gm. for twenty-four