## THE PROGNOSTIC VALUE OF FUNCTIONAL TESTS.

study of the functions of the kidney during life, then complete anatomical information will give us an amount of exact knowledge for diagnostic and prognostic purposes such as we have never had at all in kidney diseases, and in very few other diseases.

I should like to suggest now, in regard to some of the anatomical work that has to be done, that it must be as complete and just as careful in all parts as the clinical work, in order to bring good results. We have long known that the anatomical structure in all parts of the kidney is not uniform; and the most minute and accurate studies must be made in all parts of the kidney in order to finally clear up, the exact conditions in kidney diseases.

DR. JOHN T. GERAGHTY (Baltimore): The subject has been handled so thoroughly that I will make my remarks very brief, and limit myself entirely to the practicability of these tests and also the indications for their use.

The number of functional tests has become so great that it is impracticable to employ all of them in any individual case; and even, if not impracticable, nothing would be gained by employing all of these tests. The information furnished by many is of the same character, but more accurately furnished by one test than by others. For example, there is a parallelism between the excretion of the different dye substances; but, as phthalein furnishes more accurately all the information obtainable from this group of substances, no advantage attaches to the employment of all.

For chromocystoscopy alone, indigo-carmine is unquestionably the test of choice. Again, rest-nitrogen and blood-urea bear about the same significance.

Lately we have discarded the nonproteid nitrogen estimations, and are depending entirely upon the blood-urea (determined by Marshall's method), or upon cryoscopy, for evidence of cumulative phenomena.

From a practical standpoint, certain tests can be entirely discarded without loss; such as cryoscopy of the urine and electrical conductivity of the urine. Total urea estimations are of doubtful value, and diastase determination furnishes only information that is obtainable more accurately and quickly by other means. Certain other tests, such as potassium-iodide elimination, can be discarded as furnishing at times unreliable information. We have seen potassium-

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