

a common cause for arterio-sclerosis, myocarditis and nephritis, diseases as subordinate to the causal factor as independent of each other. Finally, the heart lesion, as above enumerated, may be wholly secondary to renal disease.

Simple renal stasis is usually differentiated with ease by considering the sediment, inflammatory insignnia being absent, and by noting the parallelism between the urinary findings and the cardiac activity, whence the diagnostic value of such cardiants as digitalis and strychnia. In terminal stadia with cardiac weakness, extensive hydrops, dyspnœa, rales or a systolic murmur, it may be difficult or impossible to differentiate between myocarditis with renal stasis and renal disease with ultimate cardiac asystole. Gallop-rhythm is more common in the heart of renal disease than in primary cardiac affections.

THE DIAGNOSIS OF THE PATHOLOGICAL LESION, THE STAGE OR VARIETY OF CHRONIC NEPHRITIS.

The subject concerns, for illustration, the diagnosis of parenchymatous and interstitial nephritis, primary or secondary contraction, chronic hæmorrhagic nephritis, or an acute exacerbation of chronic nephritis, genuine contraction or arterio-sclerotic atrophy.

Differentiation is often possible by careful, repeated scrutiny of symptomatology, etiology and clinical course, but it is often impracticable, as shown by the constant war rife between pathologists and clinicians regarding types and sub-types of nephritis. Some pathologists diagnose only chronic nephritis. If either side is to be the more trusted in the final judgment, it is rather the clinical view, although the truth lies in the middle ground.

THE ETIOLOGICAL DIAGNOSIS.

The causal element concerns the prognosis and treatment equally with the diagnosis. The status of a chronic nephritis, its interpretation and rational efforts at therapeusis must differ with the varying etiology, *e.g.*, nephritis is scarcely the same disease when caused by malaria, pregnancy, tuberculosis, endocarditis or plumbism.

DIFFERENTIATION BETWEEN NEPHRITIS AND CONCOMITANT URINARY DISEASE.

Diagnosis may be difficult when nephritis coexists with diabetes mellitus, or impossible when in conjunction with diabetes insipidus.