

pari passu with the exacerbation of the clinical manifestations, yet at no point did it reach a level which would indicate an immediate danger, whereas, clinically, death was considered imminent.

Another interesting case is as follows: Mrs. S., age 57, admitted November 16, 1910, with an acute exacerbation of a chronic nephritis. Symptoms of mild uraemia were present, and the urine contained 7 gm. albumin to liter and many casts. The systolic blood pressure was 190 mm. Hg. Her phthalein output was 19 per cent. for two hours. She gradually becomes more uraemic, and two weeks later was definitely comatose. At this time her phthalein output was 20 per cent., although her clinical condition was considered very grave. In a few days she regained consciousness and shortly after left the hospital. Ten weeks later patient reported that with the exception of slight oedema and dyspnoea on exertion, all her symptoms had disappeared.

In the most severe grades of chronic parenchymatous nephritis or where the disease is of long standing and associated with secondary sclerotic changes, the output is reduced very markedly, and in some instances no trace of the drug can be found in the urine. Here also as in the interstitial type, the absolute failure of excretion, or the excretion of a mere trace, has been followed within a short time by death from renal failure. Some details regarding a few of these cases may be of interest.

Female, age 28, admitted August, 1910. History of oedema of face for over two years. Suffered some from headache. For a few months previous to admission had been unable to work on account of general weakness. On admission had nausea and occasional vomiting. Mentally clear. Marked anaemia. Some oedema of face. Urine contained large amount of albumin and numerous casts. Output of urine small. Phthalein test given and no trace of drug could be detected in the urine during the next three hours. She gradually became more uraemic, the nausea and vomiting becoming rather continuous, although mentally clear. Death occurred within four days. No autopsy was obtained.

Another case, one of syphilitic nephritis, was of rather peculiar interest. M. A., age 23, admitted October 24, 1910, exhibiting severe general anasarca and marked dyspnoea. Symptoms had existed for one month. Pulse small and of low tension. Some anaemia. No signs of uraemia. Heart was normal. The urine had 6 gm. of albumin to the liter, but no casts were found. Trace of sugar. Some days after admission hyaline casts were discovered. On November 8th the albumin had increased to 30 gm. to the liter although the dyspnoea was better and the general oedema somewhat decreased. The phthalein output was at this time only 6 per cent. for two hours. On November 14th the general