

colleagues, and in my own clinic, some of the undoubted gains following the use of these methods. I shall mention only a single case that happened just before I left:

A man with the ordinary history came to the ophthalmological clinic on account of failing vision. He had albuminuric retinitis; and, although he seemed to have no indication of kidney disease, they sent him to the internal clinic to find out what was the matter with him. We found a typical condition, with slight enlargement of the left ventricle and high blood-pressure, but no history of serious interference with the kidney function. The urine was being passed in normal quantities. It had a specific gravity of 1012, and contained a trace of albumin and a few hyaline casts. It was, then, an ordinary case of contracted kidney; and the patient, in the ordinary course of events, would have had given him some advice about the diet and would have been told a few other things, and then sent home. I, however, applied, in the first place, the phthalein test, and found his excretion to be only 8 per cent. in three hours. We concluded that he was sicker than we had supposed. We put him to bed and treated him as well as most patients would have been treated under these conditions; although I should not like to claim that we did everything that was possible in the circumstances. Within twelve hours, he went suddenly into uremic convulsions, which it required a great deal of active work to modify. Even now, immense practical gains can be made from the application of these tests; but the most important thing consists in piling up evidence. Curiously, few cases that have been subjected to these newer methods have come to autopsy. The striking thing that comes out of Schlayer's communication (and a great many others have had the same experience) is that the patients on whom you make these tests do not ever seem to come to autopsy. I do not know whether or not they are treated better than they used to be, but there is a surprising lack of anatomical information. We need not only a much fuller knowledge of kidney function, because we are still ignorant of many details; but we need in the case of kidney disease an enormous amount of light on renal anatomy. The difference in the classifications and the many classifications of kidney diseases, as well as the hopeless difference of opinion regarding the classification of even the common kidney diseases, show how much we still have to learn. After we have applied the methods that we have and others that will, no doubt, be discovered, to the

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