

facility and that data obtained from a study of the excretion of one substance, therefore, cannot be applied to others. He believes that each substance has its own coefficient of excretion. That there is not accurate and exact parallelism of excretion of all substances by the kidney, one is forced to admit, but that there does exist a certain degree of parallelism, the same general tendency of excretion for all of the substances so far used is unquestionably true. The difference is of one degree. Familiarity with the meaning of these variations in degree to which peculiar prognostic significance attaches is most desirable therefore.

The value of any of these excretory tests is purely empiric because of lack of sound physiological information dealing with the ultimate physics and chemistry of the excretion of any substance by any part of the kidney—tubules or glomeruli. Experience has taught us that the failure of phthalein to appear in the urine, or its excretion in mere traces in the course of chronic nephritis, indicates impending uremia and grave prognosis, even in the absence of any definite knowledge concerning the excretion of any other substance. In other words, failure to excrete phthalein empirically signifies incapacity on the part of the kidney to carry on its work—hence a bad prognosis. But this does not hold for all substances. Failure to detect diastase in urine by the customary technique employed means renal injury, possibly severe renal injury, but not necessarily so.

How can we utilize functional tests to the greatest advantage prognostically? (1) The prognostic value of functional studies must be considered from two points of view: (a) As to the immediate outcome (days, weeks or months are here concerned); (b) As to the ultimate fate of the patient and the future course of the pathological processes. At present their value from the first point of view is definitely established and is here discussed in its various phases. Prognostic significance other than immediate will be revealed only in the course of years. In association with Dr. Thayer and Dr. Baetjer, an attempt is being made to learn of the condition, through correspondence and re-examination where possible, of all of our patients previously studied. Data sufficient for conclusions are not yet at hand. Surgically, little prognostic value other than immediate can be considered, since surgical interference so radically changes the conditions. (2) We need a much greater familiarity with the significance and reliability of the findings of all