

sistent vascular hyposthenuria has begun to disappear, where the urea content of the blood is high, the question is simple. But where the polyuria still persists, where the blood pressure is high, the lactose excretion delayed and the 'phthalein excretion moderately reduced, we are often asked: What is the outlook for life? How near are we to the danger line? These questions are not always easy to answer, for there are indications that occasionally decompensation may be sudden and unsuspected as it may be at times in disease of the heart muscle.

Nevertheless, such cases are exceptional, and I believe that to-day, thanks to the revival of the study of renal function, we are able to distinguish early disease of the kidney with greater accuracy, to estimate its extent more surely, and to prognosticate its future course more safely than we were a few years ago. More than this, as Dr. Janeway, especially, has pointed out, we have learned in some ways to treat our patients better, to improve materially their comfort, and to increase their chances of survival.

Of especial importance, it seems to me, from the therapeutic standpoint, are the observations of Mosenthal and Schlayer, which have been referred to by Dr. Janeway, emphasizing as they do and explaining the harm that may be done by undue persistence in the use of diuretics in renal disease. In every-day practice we have learned that the careless use of diuretics may be injurious, but the clear experimental demonstration of the reaction of the diseased or fatigued kidney to over-stimulation is a suggestive and helpful contribution.

DR. MOSENTHAL (New York): It is somewhat difficult to describe what occurred in these experiments, alluded to by Dr. Thayer, without adequate charts, but I will attempt to do so. In cases of human nephritis it is found that after repeated administration of diuretics the kidney not only frequently fails to react with diuresis to the later doses of the drugs, but that there may be a diminution of the amount of urine secreted. Such a fatigued condition, as it may be termed, is brought about by the diuretics given as drugs, caffeine, etc., as well as by those taken in in the food as salt, water, etc. As an example of the latter the cases of œdema due to primary salt retention, now treated according to the precepts of Widal and Strauss, are familiar to all.

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