

character. No prognosis should be given and, except in emergency, or where the surgical procedure employed is the only method of improving or relieving the renal disturbance present, no surgical interference attempted without further study in conjunction with suitable preliminary treatment (Young's treatment—catheter drainage and abundance of water). Under this regimen repeated tests will quickly demonstrate the nature of the derangement, cases of nephritis and of true interstitial destruction showing no improvement, whereas purely functional changes or those secondary to pyelonephritis show markedly increased function.

This constitutes a very striking group of cases. A patient in uremia, with low excretory functional findings and with cumulative phenomena, may in the course of a few weeks return to an excellent clinical condition with a renal functional capacity approaching normal. Only one such experience is necessary in order to impress upon physician and surgeon the importance of determining (through time, preliminary treatment, and repetition of tests) the nature of the depressed function, temporary or permanent. The prognosis of the operation, so far as uremia and anuria are concerned, is infinitely better in those cases showing marked improvement in renal function following the adoption of the preliminary treatment above mentioned.

All tests are not of equal prognostic value in this group of cases. The phthalein has already established its place. Lactose is of no significance since its total suppression is frequently encountered when the phthalein, diastase, cryoscopy, blood nitrogen and urea, all show a fair or moderately good renal function, the truth of which is demonstrated in the subsequent history. In a series of 20 such cases lactose was recovered in the urine in only six instances. Glycosuria following phloridzin is also very slow in appearance or fails to appear at all. These two tests therefore exaggerate the degree of functional changes and bear no prognostic significance.

The phthalein test of permeability along with cryoscopy, urea and rest-nitrogen determinations of the blood give a sharp index of the functional capacity.

Unilateral and Bilateral Surgical Diseases.

The prognosis in unilateral and bilateral surgical diseases of the kidneys depends upon the surgeon's ability to recognize prior to nephrectomy which is the diseased kidney, or more diseased kidney, and what is the functional capacity of the kidney that is to be left to