The delicacy of the lactose test, in the absence of chronic passive congestion, in revealing early disturbance of the vascular apparatus of the kidney, especially in association with the manifestation termed by Schlayer "vascular hyposthenuria" appears to be undoubted.

I can only emphasize, in my turn, the great importance, from all standpoints, of the systematic consideration of the intake and output of chlorides and water in renal disease.

The prognostic value of the estimation of the content of the blood in incoagulable nitrogen will probably be considerably enhanced through the recent introduction by Denis and Folin of simpler and more accurate methods of study.

All observations of the last three years have especially convinced us of the real diagnostic and prognostic value of the 'phthalein test of Rowntree and Geraghty. It is simple and easily carried out, and it appears to be a fairly reliable index of the renal function at the time of its application. The interesting parallelism between the 'phthalein excretion and the incoagulable nitrogen content in the blood, pointed out yesterday at the meeting of the American Society for Clinical Investigation, by Frothingham, will be remembered by those who were present. In Frothingham's experiments the increase in the incoagulable nitrogen appears a little later than the decrease in the 'phthalein output, but follows it very closely.

The elimination of 'phthalein is materially reduced in severe passive congestion of the kidney; it increases, however, immediately with periods of improvement, that which does not occur when sufficient damage has been done permanently to impair the renal function.

The detection of a low 'phthalein output, in some instances where there is no question of chronic passive congestion, may be of great importance from a diagnostic and prognostic standpoint. How important this may be, may be illustrated by referring again to a case mentioned by Dr. Rowntree: The patient was a boy, twelve years of age, who was admitted to the Johns Hopkins Hospital two and a half years ago, complaining of polydipsia and polyuria of several years' duration. For two years, the child had complained of pain in his legs, rather sharp in character and interfering with his walking. When he entered he was passing about 2,500 c.c. of urine in the twenty-four hours, of a specific gravity of about 1005, without albumen and without formed elements in the sediment.

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