

recent years—and not even to-day sufficiently—that we have been realizing our responsibility with regard to knowing as practically, or as nearly as we can, the advances in the study of the kidney function.

The papers read here this afternoon have been of unusual value. Dr. Christian has brought to us his wide knowledge of the work of others, and his special knowledge, regarding the diagnosis of renal disease. Dr. Rowntree has come to us with uncalled-for modesty with a study of, I believe, the most valuable test from the point of view of prognosis, and has sketched for us its relation to the other tests in the field. Finally, we have had the view of the clinician, thoroughly equipped to use these tests, presented to us by Dr. Janeway.

We may look at the study of kidney function from two angles. First, there is the view of the clinical pathologist, who attempts to correlate the finding in the urine with those in the kidney; and it cannot be said that to him the tests of renal function have been, as yet, of great value. The other point of view, with which I have been particularly concerned, is the value of the study of kidney function with regard to prognosis. I, being essentially a bloody-minded person, am desirous of knowing whether or not I may, with more or less safety to the patient, operate in the presence of renal disease. It is, however, a fact that to-day too many surgeons neglect this matter of the study of kidney function, saying that the study of the urine will give them sufficient knowledge. It has already been pointed out that the ordinary routine examination of the urine will not give information on which the surgeon is at liberty to act; yet many go ahead, on the assumption that it will.

To come strictly to the point that I want to discuss, the value of these renal-function tests in enabling us to discover beforehand the probable mortality in any group of operations: The various tests have already been referred to, and I shall not go into them beyond saying that in my work I have come to rely on comparatively few of them. None of the color-tests, specifically so-called, seems as valuable as the phthalein test of Rowntree and Geraghty. We have used it in a very large number of cases and have come to regard it very highly. Another test that we rely on, which is of more confirmatory value than original value, is that of nitrogen retention. I am inclined to think of the work of Folin as bringing it much more nearly within the reach of the clinician. The surgeon may