

coincidence. Certainly I do not think that the mobility of the kidney can be attributed to the stone.

CASE IV. Mrs. B., *æt.* 41, stoutly built and well nourished, the mother of eight children, was admitted to the surgical wards of the Royal Victoria Hospital, from the gynæcological side, on the 24th of May, 1895, complaining of pain in the right side and back, and of attacks of frequent micturition. She had been an invalid for five years on account of the above symptoms, which were always aggravated by exertion, and which had been growing steadily more severe. She was otherwise in perfect health and the urine was quite normal. The right kidney could be felt of normal size and painless on pressure, through the lax abdominal wall, and was freely movable down to the brim of the pelvis and over to, or beyond the middle line of the abdomen. On the 27th May it was fixed to the loin by three silk worm gut sutures, introduced into the kidney tissue, through the ordinary oblique lumbar incision. She made an uneventful recovery and was discharged on the 15th of July, feeling quite well and with the kidney not discoverable by palpation. Her stay in hospital was somewhat prolonged by a little suppuration at the posterior angle of the lumbar wound. On the 15th August, her physician, Dr. Pagé, gave me a most favorable account of her condition.

CASE V. Lucy H., *æt.* 19, was first seen in consultation in February, 1894. She was a highly neurotic girl, and although the prominent symptoms were pain in the back and pelvis, and attacks of suppression of urine, I declined to operate. In fact, up to the time of my visit, the symptoms had been attributed to a pelvic lesion, and the diagnosis of movable kidney and its possible causative relation to the symptoms (or to part of them), was then first made. Her attention having been directed to the movable condition of the kidney, all the local symptoms became greatly aggravated, and she was sent to me again in March, 1895, for operation. I again advised against operation on the ground, that on account of the neurotic condition of the patient, it was impossible to determine what symptoms, or if any of the symptoms, were due to the excessive mobility of the kidney. Her physicians were greatly disappointed at my decision and strongly urged operation, so that after a good deal of correspondence on the subject, I went to her home in the State of New York and operated in the usual way (using four silk worm gut sutures), on the 22nd of May, 1895. I have not seen this patient since the day I operated, but I have heard repeatedly from her physicians, the substance of the reports being that the lumbar wound supplicated and healed slowly, but that the kidney remained fixed in its normal position.