strong believer in the extensive abdominal disturbances produced by a moveable kidney. Routine examinations reveal this condition very frequently in patients who are not complaining either of genito-urinary disturbance or gastric disturbances in any form and I fail to see how a moveable kidney is capable of producing cholecystitis of such an extent as to produce adhesions between the gall bladder and the colon as well as with the duodenum. I think that experience teaches us that most of these cases are either the result of gastro-intestinal catarrh, secondary infection of the ducts, or an associated cholelithiasis and the treatment of the gall bladder condition either by drainage or the removal of stones is followed by prompt and satisfactory cure without interfering with the co-existing moveable kidney, I have operated frequently for this condition associated with moveable kidney and have secured a perfect recovery without interfering with the kidney itself. My experience also has led me to believe that many of the moveable kidneys which give rise to distressing symptoms are associated with chronic inflammatory changes in the fatty capsule and I have tested this in several cases by simply freeing the kidney from its adherent bands and dropping it into its fatty capsule gain without any stitching at all, to find that the patient's condition has been relieved, not only temporarily but also permanently. As to the relationship of the so-called frequent attacks of appendicitis with moveable kidney, and to the fact that no further attacks of appendicitis have occurred after operation for moveable kidney, is no further evidence of relation between cause and effect than that which we know frequently occurs when a patient for a certain period of time has repeated attacks of appendicitis which seem to disappear without any treatment at all. In the last 12 or 14 years I have met with several of these cases.

DR. ELDER has referred extensively to the literature of this subject and has drawn our attention to the many disturbances which may co-exist with the moveable kidney and while I think infection plays the important role in the production of cholelithiasis and appendicitis nevertheless, disturbances in the circulation produced in the way he has referred to, can certainly act as predisposing causes.

J. M. ELDER, M.D.—While this is not a subject about which one can make a dogmatic statement, I quite admit that a wandering kidney may very commonly co-exist with other conditions—a palpable kidney is not a wandering kidney by any means. But I maintain there are a large number of cases where recurring attacks of appendicitis may be cured by fixing the moveable kidney. With regard to the point raised by Dr. Garrow, that symptoms may be due to adhesions of the fatty capsule,