

tended kidney attained the size and appearance of an ovarian cyst, completely filling the abdomen, and was removed by the writer by abdominal section with complete success. Although marked emaciation is not a symptom, but is rather a cause, of floating kidney, yet it is so constantly coexistent that it may almost be regarded as one. Certainly when a woman complains of the reflex disturbances above mentioned, and is, at the same time, very emaciated, the idea of floating kidney should at once come to mind.

*Diagnosis.*—When the possibility of the presence of floating kidney has even been thought of the diagnosis is comparatively easy. The difficulty so far has been that the symptoms have been attributed to some other cause, which has generally been supposed to be in the generative organs. And these latter have been subjected to treatment, more or less severe, which they did not require or deserve. In one of the writer's cases the patient had had cur-etting and repair of the cervix, and removal of the ovaries, without in the least relieving the pain, when, on making a careful search, the right kidney was found to be prolapsed. This was stitched up, and the patient was completely cured. It is especially important to remember that all the reflex disturbances may be due, wholly or in part, to floating kidney. When the latter can be distinctly felt wandering about the abdomen, the diagnosis presents no difficulty. But when it has only moved two or three inches away from its proper place it is not quite so easy to decide. Even such an able diagnostician as Lawson Tait diagnosed a case as one of distended bladder, and operated for it in the dorsal position. He found the gall-bladder and adjacent tissues healthy and the kidney in its place. He thereupon came to the conclusion that the tumor which he and several others had distinctly felt, was an hysterical tumor. As the patient continued to complain, another operator was called in, who, on examining in the erect posture, found a movable kidney, and completely cured the patient's long suffering by performing nephrorrhaphy.

If we make it a rule to examine for floating kidney while the patient is standing up and leaning forward with her hand upon a chair, so as to relax the abdominal muscles, while the examiner sits on her right side and a little behind her, we will rarely fail to displace it, if it is movable. The fingers of the left hand are firmly pressed into the hollow of the back, and the fingers of the right hand are pressed into the abdomen under the ribs in front until they meet upon the kidney if slightly displaced, or above it if displaced very considerably. Edebohl's says he has always succeeded by directing the patient to sit upon the edge of a chair, with the body inclined forward and the hands resting upon the knees. In some cases the writer has found a rigidity of the abdominal muscles, which gave very much the same sensation as a floating kidney; while in others the rigidity absolutely prevented anything being felt in the abdomen. In these cases a little anesthetic will enable one to clear up all doubt. The only two conditions with