

the anterior surface may be palpated with deep inspiration. (2.) Abnormal mobility communicable to the organ from without. The organ is then no longer influenced by respiratory movements. (3.) Possible rotation of the kidney, alone or in combination with descent. The following classification is therefore suggested: (1.) Kidneys which have merely prolapsed. (2.) Kidneys which have prolapsed and the lower pole has rotated inward. The kidney returns to its normal position when the patient is recumbent. (3.) Kidneys which have prolapsed, the lower pole rotated inward, and have undergone anterior displacement. There is no tendency to return to the natural position. (4.) Kidneys which have undergone rotation only. There is no prolapse, and the organs are usually impalpable without an anæsthetic.

Ptoais of Abdominal Viscera. Charles Greene Cumston, writing in the *Medical Record* of October 19, regards ptosis of the abdominal viscera as a condition occurring in individuals predisposed to relaxation of the muscular and fibrous tissues by heredity. Disturbed nutrition shows itself by a distensible condition of fibrous tissue. In the male this results in hernia, in the female in eventration, in both in varices. The stretching of labour with its muscular effort, aided by improper treatment after labour, and getting up too soon, may be an important factor in the production of ptosis. Tumours may have a similar effect. The use of corsets that compress and push down the liver is also causative of this relaxation. This temperament may show itself at birth, but it is most manifest between the ages of twenty and forty. In elderly females its

worst forms are shown. The author's method of surgical treatment includes the union of the recti with kangaroo tendon sutures so as to overlap, resection of the anterior aponeurosis and its union, and the removal of all the redundant skin.

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Opsonins and Vaccine Therapy. G. W. Ross, Toronto, (*Journal of the American Medical Association*, October 12), defines opsonins as substances not yet isolated but existing in the blood, by means of which the phagocytes are enabled or induced to destroy bacteria. Their existence was one of Wright's discoveries, another was the technic by which we are able to measure the quantity of opsonins in a given blood, or the opsonic index. The application of these discoveries to the treatment and diagnosis of disease by means of the therapeutic inoculation of devitalized bacteria, or bacterial vaccines, he also credits to Wright. He offers the following classification of bacterial diseases in their relations to vaccine therapy: Class 1. This class comprises mostly chronic infections with persistent low opsonic index, due, it is supposed, to the absence of autoinoculation. The bacteria do not escape into the blood and increase the opsonins, hence the infection persists. In this class are included many tuberculous infections of glands, bones, joints and early pulmonary tuberculosis. Here also we find acne, boils, felons, etc., and many persistent suppurative conditions. Class 2. In this class autoinoculation is the characteristic feature, and severe pulmonary tuberculosis is the type. The opsonic index fluctuates from high to low, and *vice versa*. Class 3. This class comprises the pure septicæmias with probable general lowered opsonic