cine, valuable and specific effects may be obtained by varying the temperature to which patients are subjected without the aid of stimulants or depressants of any other kind. Of course the limits in variation of temperature in mammals are very narrow, and would have to be kept in mind in practice.

A. P. KNIGHT.

MOVABLE KIDNEY.

(Read at a meeting of the Kingston Medical and Surgical Society.)

Rayer in 1836, first drew attention to Movable Kidney and cited twenty cases. Since then observers have occasionally noted the condition, as Hare, 1858; Rollett in 1866, who put the proportion at 1 in 250, and in recent years Lindner, who considered that 1 in 5 or 6 was nearer the average. Glenard, 1885, said 1 in every 4. This wide diversity does not indicate that movable kidney has increased in frequency during these years, but rather that greater attention has been devoted to the examination of patients with respect to the situation of the kidney.

Definition.—Until a few years ago "floating" and "movable" were synonymous terms, but "floating" is now regarded as a rare congenital condition in which the kidney moves freely about in the abdomen, being attached only by the peritoneum—a mesonephron; while "movable" is one in which the kidney moves with or without its fatty capsule, and as a rule lies behind the peritoneum. Bidwell (*Lancet*, 1898,) uses the term "floating" for a freely movable kidney, and "displaced" when only very slight movement is permitted. Osler, 1898, defines "floating" as when the organ can be felt below the level of the umbilicus—"movable" down to the level of the umbilicus, and "palpable" barely felt on deepest expiration.

Aetiology.—It is far more common in women than in men. Ebstein considers the proportion as 7 to 1. Einhorn (*Med. Record*, 1898) 10 to 1. Edebohls, in an address before Med. Society of New York, Feb., 1899, stated that 20 per cent. of all women have "movable" kidney.