

This is no doubt due to repeated kinking or acute bending or torsion of the ureter, whereby the escape of urine is more or less abruptly hindered. Such occurrences are marked by those acute symptoms which are generally ascribed to "torsion of the kidney" or "strangulation of the kidney."

Hydronephrosis may, however, occur in cases in which there have been no such acute symptoms of twisting or kinking of the ureter. On the other hand, the occurrence of acute attacks, presumably due to the condition just named, is by no means of necessity followed by hydronephrosis. In certain cases it would appear that there is an abiding narrowing of the ureter—owing, as some assert, to the fixing of the bent ureter by adhesions—and, as a result, a chronic condition of hydronephrosis.

The fact that a kidney has become movable does not thereby exempt it from such diseases as befall the undisplaced kidney, and the movable gland has been found to be the seat of calculus, of tuberculous disease, and of a malignant growth.

I think that some legitimate doubt may attach to the statement that in examples of movable or floating kidney the pulsations of the renal artery have been felt.

*Diagnosis of Movable Kidney.*—Without entering into the complex question of differential diagnosis it may be pointed out that the most common conditions which have led to confusion in association with movable kidney are Reidel's lobe, a distended gall-bladder, and a fecal mass in the colon. It is somewhat disconcerting to reflect that all these conditions may coexist with a movable kidney on the right side.

As a matter of experience I may say that when a doubt has existed as to whether a certain swelling is a movable kidney or a distended gall-bladder, it has more often proved to be the latter than the former.

*Symptoms of Movable Kidney.*—The symptoms ascribed to movable kidney are legion, and include manifestations which vary from mere peevishness of temper to agonizing renal pain. There is no definite relation between the degree of mobility of the gland and the clinical phenomena associated therewith. A patient may have a kidney running wild in the abdomen and be at the same time free of any discomfort or of any trouble that can be called a symptom.

On the other hand, the very first evidence of a movable kidney may be associated with an acute "torsion" attack.

In the clinical history of movable kidney these attacks stand alone. They are usually sudden and intense, and are attended with acute renal pain, vomiting, abdominal tenderness, and a varying degree of collapse. Some are less abrupt, or may even be gradual in their mode of onset and moderate in their mani-