and much more insidious often in its onset is movable kidney, an affection which is much more common in women than in men. It is by no means surprising that this should be the case. Their tissues, especially the fasciæ in the neighborhood of the kidney, are thinner and less firmly attached to the surrounding parts. There is a larger deposition of fat in the tissues, and it is more liable to alterations in amount than is the case with the male sex.

The first symptom probably by which attention is drawn to the kidney is pain. The patient will assert that from time to time, especially at the monthly periods, she is seized with an attack of pain, possibly severe or even violent in character, and suspicions of a renal calculus are at once raised in the mind of her medical attendant. But on close examination it will generally be found that these attacks increase in frequency and in severity as well. If they are severe, she may be seized with an agony of pain that is truly excruciating, and which precludes for the time being any possibility of carrying on whatever occupation she may have been engaged in. The pain will perhaps shoot down into the groin, the back of the leg, or along some other branches of the lumbar plexus. An examination of the abdomen on the affected side will probably reveal the kidney exquisitely tender and *slightly* enlarged so as to be easily distinguishable and extremely painful when handled. In the course of an hour or two, the pain may possibly abate somewhat or remain for a while almost equally severe and intense. The abdomen on the affected side usually becomes distended, tense and tympanitic, and seems to point, perhaps, in some cases, to an attack of peritonitis. After a few hours the attack passes off, and is usually succeeded by the passage of some clear urine, which is occasionally tinged with blood.

The following case, which was under my care some years back, in St. Bartholomew's Hospital, well illustrates the class of case which is being referred to. He had suffered from pain in the region of the left kidney for some little time before seeking advice. Latterly, his attacks had become more and more frequent, and were brought on every few days whenever he attempted any unusual exertion. Shortly after he came under my care, he was seized with the premonitory pains of an attack, and within about half an hour of its onset, I had an opportunity of examining his abdomen. He was lying in bed, and his pain was so severe as to give rise to vomiting. On examining the kidney region on the left side, with one hand in the lumbar region and the other on the front of the abdomen, the distended and tender kidney could be easily felt. It appeared to be nearly as large as a cocoanut. Whilst manipulating this mass, it suddenly slipped backwards, and the pain ceased almost in an instant. About a quarter of an hour later he passed a considerable amount of urine, after which he seemed to be perfectly well.

During this patient's stay in hospital several opportunities were obtained of examining the kidney during the early stages of one of his attacks of renal pain, and by careful manipulation it soon became possible to replace the movable organ and cut short the attack. Eventually, the kidney was explored and found to be dilated into a mere shell containing scarcely any secreting substance. It was removed, and the patient made an excellent recovery, and has since been able to follow his employment without let or hindrance. A better example could hardly be afforded of the insidious onset of some of these cases, of the interdependence of movable kidney and hydronephrosis, and of the rapidity with which, in some cases, the secreting substance of the kidney is destroyed.

To diminish, or if possible to obviate, the chance of such destruction is the object to which treatment should be directed. When a kidney is dislocated from its natural position by some violent action, or gradually slips down from the back of the abdomen by imperceptible degrees, it may be that no interference with the ureteric outflow ensues, and it is quite possible for both kidneys to be so movable that they can be made easily to touch one another in the middle line over the front of the spinal column, where they may be felt of normal size and consistency, and yet there may be no symptoms by which their mobility is made patent to their possessor. In such cases, the fact of their mobility is only discovered by an examination of the abdomen for some other purpose. No special treatment is called for in a case of this kind, inasmuch as the kidneys are performing their functions without difficulty. But should the mobility of the kidneys give rise to symptoms of pain, and especially if the pain be violent, we at once have an indication that its excretory function is in jeopardy, and means should be taken for retaining it in its proper situation. It is, as a rule, with those which are the least mobile that the symptoms are most severe. Their tether is a short one, and their bed but a little too large. If once displaced from it their functions are impeded, and, even by the aid of manipulation, it is difficult to replace them in their natural situation. Indeed, oftentimes they are so slightly displaced that it is all but impossible to discover that they are moved out of it. A simple belt with a pad on its inside, placed over the affected organ, will oftentimes, particularly in the slighter cases, retain it in position. If this fails in effecting its purpose, nephroraphy should be performed. It has often been urged against this operation that it fails in effecting its purpose, and that the pains which were regarded as an indication for its per-