examination. 3. The secret of success lies in early recognition and prompt excision of the growth, together with contents of submental and the submaxillary fossæ. The character and completeness of the primary operation determine the success or failure of the treatment. 4. Moles and warts, especially when so situated that they are subjected to more or less constant irritation, should be excised, lest they become malignant."

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Nephroptosis. Writing nder the caption "Nephroptosis, its Cause and Diagnosis by Inspection," in the *Medical Record* for January 1st, Mark I. Knapp declares that it is possible to the educated to see the outline of all the abdominal organs through the walls, and that every physician should so educate his eye that he is able to make diagnoses this way. Respiration and the motion of the organs with it is the element which aids us in this observation. Obesity makes no difference, and the fat person shows the outlines better than the thin one. The skin adapts and molds itself in acordance with the subjacent organs, presenting elevations, ridges, depressions, and furrows; all move with respiration: the movement of the skin is perpendicular to the movements of the viscera. The axis of motion of the viscera is longitudinal. We must have light of medium intensity, and the observer must stand a certain distance away from the patient so that his line of vision will fall obliquely in the region to be seen. Tremulous, wave-like movements in the region of the stomach indicate gas in the stomach which transmits the concussions of the heart. Nephroptosis may be seen. It is caused by sudden shocks, such as in jumping rope, or sudden motions of an elevator, affecting an organ that is very slightly and loosely attached to the abdominal wall. Normally the kidney is seen one inch from the spine and two inches above the crest of the ilium. It can be seen to recede with inspiration and come down suddenly at the end of expiration. With nephroptosis no such recession is seen, and there is a hollow in this location.