

be entirely overlooked if it happen to be absent from the renal region when that district is being examined. I remember an instance in which one surgeon said that the kidney was the most movable he had ever encountered, while another surgeon maintained that the organ did not move at all.

A further examination of the district should also be made when the subject is standing erect.

The inferior border of the organ is well defined, but the upper extremity will be masked more or less completely.

*Degrees of Movable Kidney.*—Glénard bases four degrees of movable kidney upon the results of the method of examination just detailed :

1st degree. The kidney just descends on inspiration. Its lower end can be felt, but not held.

2nd degree. The kidney can be held between the fingers but its upper extremity is not to be defined.

3rd degree. The tissues above the upper end of the kidney can be compressed, and some definition of the upper end be made.

4th degree. The kidney is floating and can be felt during expiration by mere palpation. The "floating kidney" is unaffected by respiration. It is most often found in the region of the navel, or may extend well into the iliac fossa.

From the clinical observation of movable kidneys of different degree it would appear that the organ at first descends vertically, becoming more and more anterior as its attachments are the more loosened. The upper end inclines outwards and the lower end inclines in. Indeed so marked is this rotation that the movable kidney of the fourth degree tends to become almost transverse in position.

It appears to me also that the thick outer border of the gland moves more and more towards the front wall of the abdomen until it becomes nearly anterior. The feature is noticeable when the organ is exposed by operation in the loin. Indeed, when the patient is lying upon the sound side so much may the kidney be rotated on its vertical axis that the operator in opening the lumbar region may come first upon the posterior surface of the organ.

The movable kidney is usually normal. Owing to the thickness and variable rigidity of the anterior abdominal parietes, the movable kidney usually appears to be larger than normal.

As time goes on the floating kidney returns less and less readily to its proper place in the loin. Moreover a displaced kidney may become fixed by adhesions in an abnormal position.

The movable kidney may become the seat of hydronephrosis