

the bud by the introduction into his mouth of the little bag of sweet stuff already mentioned, which served the purpose at first of a gag, and then of a seductive substitute for his maternal organ of solace. Then the strip of linen was taken from the whisky, quickly wrapped round and round the organ, a little whisky poured on, and the diaper pinned up again. Dismounting from the table, the godfather stood and held the child still lying on the pillow, while more prayers were said, and a tumbler of ale brought in, in which the operator thrice dipped his finger and placed it in the child's mouth, afterwards drinking the ale himself in the intervals of his praying. Then he covered the face with one hand for a time, still praying, and during this part of the ritual named the child, after which the ceremony was at an end, and the little one carried off to his mother. The male friends sat down to discuss a refecton of various wines and cakes, fruit, etc., and toast the child, the women being still excluded. The operator remained for two hours, as is the rule, to watch against hæmorrhage, for death has been known to result from that cause, and returned every day for a little while to watch his patient.

The details need no comment. They afford a curious instance of the coincidence of ancient clinical experience and modern antisepsis, the wound being practically healed in three days. As for the religious aspect of the performance, it gave food for reflection upon the curious conservatism, so characteristic of the Hebrew race, which has caused the survival, in the face of the most evident evolutionary progress, of a ritual so savage and crude, spiritual certainly by comparison in the days of its origin when the Hebrew race were the only monotheists in the world; but to an onlooker of an Anglo-Saxon community to-day, little advanced, so far as externals are concerned, from the ritual of a fetish-worshipper in Central Africa.

Selected Articles.

THE TREATMENT OF MOVABLE KIDNEY AND ITS RELATION TO HYDRO- NEPHROSIS.

Though vague allusions may be found in some of the older writers to that condition which we now recognize as movable kidney, it was not until

well into this century, when Rayer's work on diseases of the kidney appeared, that this condition was fully described and the symptoms and signs were pointed out by which it may be recognized during life.

It is much more recently still that the connection which exists between hydronephrosis and movable kidney has been made clear, if indeed it can be said to be clear even now.

Experiment and clinical observation alike have proved that for the production of that condition which we call hydronephrosis, it is necessary that the obstruction to urinary outflow should be incomplete and partial, whilst the sudden stoppage of any portion of the ureter leads to complete suppression of urine so far as that kidney is concerned, and is speedily followed, if the other kidney be healthy, by its atrophy and almost complete disappearance.

It does not require a very prolonged experience to show that all cases of hydronephrosis do not lead up to, or depend on, movable kidney, and it is equally clear that all cases of movable kidney do not pass on into a condition of hydronephrosis. It is quite sufficient to recall the fact that these two conditions are *often* associated with one another as cause and effect, and to recognize that even in their earliest stages, they should never be dismissed without a thought as to their future progress, and the means which may be taken to arrest it.

It is by no means easy, even in the earlier stages of hydronephrosis, to detect the exact cause or causes which have led to its production, and the difficulty becomes tenfold increased in the later. Some pressure exerted on the corresponding ureter, especially if it has been both prolonged and intermittent, is usually at the bottom of the trouble. Tumors of various kinds can be discovered in many cases. Amongst them may be numbered ovarian cysts, and other growths which press upon the ureter at its lower extremity, either from the inside of the bladder or its exterior. Mr. Henry Morris, some years ago, described an instance in which a villous tumor in the bladder, by engaging the mouth of one of the ureters, gave rise to a hydronephrotic tumor, which intermitted considerably in size from time to time. In the later stages of uterine cancer, it is by no means uncommon to find hydronephrosis commencing in one or other of the kidneys. Such cases, however, rarely call for active treatment, and must be regarded rather as features of pathological interest than of practical importance.

Bands of cicatricial tissue, and abnormally distributed vessels, passing over and compressing the ureter from the outside, and clots of blood or calculi in its interior, are other sources of origin of this affection.

But probably more common than all these causes