

many very troublesome symptoms which are quite frequently sufficient to incapacitate the patient.

2. That such undue mobility often leads to organic changes in the organ.

3. That fixation of the kidney under these circumstances is the only rational treatment.

4. That in the great majority of cases (which require treatment), this can only be done by operative measures. (I cannot conceive that it is possible to fix the kidney by any kind of belt, or truss, or appliance, without producing injurious pressure upon the intra-abdominal organs, and, as a matter of fact, I have been unable to satisfy myself that it is possible to retain a movable kidney in its proper position by any kind of appliance, even at the expense of injurious pressure upon other organs).

5. That a carefully performed nephrorrhaphy should practically always succeed in permanently fixing the organ.

6. That nephrectomy for undue mobility of the kidney can hardly ever be necessary.

In illustration of the above statements I propose to give very brief reports of five cases upon which I have recently operated for this condition.

CASE I. Mary G., *æt.* 26. Farmer's wife. Had been married seven years and had had four children; the eldest 6 years of age and the youngest 7 months.

This patient came to hospital complaining of painful and frequent micturition and pain in the abdomen on walking. She was a native of Canada, had had the usual diseases of childhood and an attack of acute rheumatism a year and a half before admission. Since the attack of rheumatism, she had suffered from palpitation and other cardiac symptoms, and examination discovered a loud apex systolic murmur (mitral regurgitant). There was no tubercular history. The present illness began 16 months before admission, when the symptoms above detailed were first noticed, and about the same time she discovered a freely movable mass in the right side of the abdomen. From this time she was quite unable to do her ordinary household work. Her symptoms were attributed to uterine disease, and she was sent to a gynaecologist (Dr. Wm. Gardner), whose examination discovered only a thickened tender ureter on the right side. She was transferred to my ward in the Montreal General Hospital on the 20th of October, 1892, when the following conditions were noted: The right kidney was greatly enlarged (two or three times its normal size), very freely movable and tender on manipulation. Movement of the