

events is uncommon, but I have met with instances that I think are beyond question.

Long-continued horse exercise, and especially hunting, have been accredited with the production of movable kidney, but here it would seem probable that the jolting has drawn attention to the condition rather than produced it.

Examples of movable kidney have been met with in quite young women and even in children, and there is much probability that certain cases are congenital. In this connection it may be said that the meso-nephron would appear to be a pure myth. It has been described, and the description has been faithfully repeated. The structure does not, however, seem to have been seen by the human eye, and indeed the meso-nephron has for long occupied the position of an anatomical Mrs. Harris.

There is no evidence that tight-lacing plays any part in the production of the condition now under notice. Although the deformity effected by tight-lacing is no longer popular, yet writers still claim for the practice the merit of original sin, and ascribe to it many disorders which are of obscure etiology.

*The Examination of a Movable Kidney.*—A normal kidney cannot be discovered by palpation in the living subject. The only exception to this statement may be provided by the subjects of extreme emaciation and by thin children, especially when they are examined in the erect position.

In searching for a movable kidney the patient lies upon the back, the surgeon sits upon one side of the couch facing the patient. It may be assumed that the examination is being made upon the right side. In such case the surgeon's left hand supports the loin from behind, the fingers occupying the space between the last ribs and the iliac crest. The palm of the right hand is placed firmly upon the anterior abdominal wall just below the ribs. The fingers point upwards and outwards. Associated with these fingers of the right hand is the left thumb. The patient is made to take a deep inspiration, and the kidney, if movable, is felt to descend between the left fingers spread out behind and the left thumb and right hand on guard in front. A little pressure between the hands and the organ is held, while a little more pressure during expiration and it will slip away again under the ribs.

Glénard describes the steps of the examination under three graphic headings; the lying in wait, the capture, the escape.

This examination must be supplemented by an investigation of the renal area when the patient lies upon the sound side. In this attitude, if the shoulders be well raised and a deep inspiration be taken, the kidney may be felt to have tumbled towards the median line or to move on respiration between the two watching hands. An exceptionally movable kidney may