

therefore should be left quite alone. As soon as the head begins to emerge beneath the pubes, the pressure should be continuous and as strong as possible, and never relaxed for a single instant till after the child is born and the placenta expelled, when the binder should be pinned as tightly as possible by the surgeon himself, and not left, as is too often done, to the nurse.

I venture to think that, if some such uniform plan were adopted in all cases of labour, we should hear much less of *post partum* hæmorrhage, and be often spared the using the many hazardous, if not dangerous, expedients suggested for its suppression.—*British Medical Journal*.

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*Clinical Memoranda.—Movable Kidney.*

Mrs. H., aged 27, of good figure, and the mother of two healthy children, the youngest six months old, consulted me on March 18th. She strained herself in trying to open a window about a month ago. Since then she has had pain, more or less, in the abdomen, below the right costal margin. She thought she felt a swelling. When young, she was subject "violent attacks of pain in the bowels." I found a hard tumour reaching from the umbilicus, upwards and outwards, nearly to the ends of the last two right ribs. The fingers could easily be passed between the costal margin and the tumour. The mass, slightly painful when handled, felt exactly like the kidney, the convex border of which was the lower edge of the swelling. The tumour, which was covered by intestine, moved downwards about an inch and a half on inspiration, and upwards on expiration. It was also freely movable in all directions by the hand. Beyond the fact that the urine had been scanty, and loaded with urates, since the strain, there was no other symptom. My diagnosis was movable kidney, and my advice was, that the patient should wear an abdominal support, with a pad to keep the kidney in its place as much as possible. I may add, the bowels were thoroughly evacuated before my decision.

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—*British Medical Journal*.