

know there is not enough differentiation between the pelvis of the male and female child to explain it. Perhaps the difference in development may be nearer the solution whereby in the female the Mullerian duct becomes converted into the larger structure, viz., the female genital passages, while the Wolffian duct becomes obliterated, whereas in the male the Wolffian becomes converted into the smaller structure—the vas deferens—and the Mullerian duct becomes obliterated.

Again, if these examples in children be not congenital, then possibly the relative size of the liver in the foetus and the probable gastropptosis or visceropptosis present (14 of the 18 had marked dyspeptic symptoms), and, lastly, the arrangement of the hepatic peritoneum of the foetus, for, as late as the fifth month of foetal life, I have found the right kidney behind the liver, and therefore the upper half of anterior surface entirely uncovered by peritoneum, may be influential causative factors.

Lastly. My experience, since my attention has been specially directed to movable kidney, seems to justify the conclusion (1) that it is much more common than was formerly thought; (2) the necessity of thoroughly examining a patient complaining of any abdominal trouble, as many cases are overlooked, I am satisfied, being considered colic, indigestion, &c.; (3) Just as eye strain has reached such prominence as a factor in headache, so I believe some, at least, instances of "migraine" may be due to reflex action through the solar plexus, pneumogastric and other cranial nerves, from a movable kidney.

D. E. MUNDELL.

REPORT OF SOCIETY MEETINGS.

Feb. 6th.—The regular monthly meeting was held this evening, the President, Dr. Heraid, in the chair. After the settlement of business matters relating to the open meeting, Dr. W. T. Connell presented some specimens (a) some slices of cooked