

begins to drag on the nerves, thus setting up the whole train of symptoms. The symptoms are much worse when the woman walks or works, as the kidney then falls as far as its pedicle will let it go and the dragging on the solar plexus causes gastric pain, dyspepsia, constipation or diarrhea, palpitation of the heart and a smothering feeling, headaches, and finally hypochondria. All the symptoms are worse during menstruation, when there is in addition a pain in the back and down the thighs.

4. The signs are a tumor the size and shape of the kidney, which, in most cases, because women are thin, can be distinctly felt in some part of the abdominal cavity, sometimes as low down as the right iliac region and even as the left, and occasionally in the pelvis. It can be grasped in the hand, and when squeezed gives rise to a sickening sensation and pain down the back and thighs. The tumor can generally be pushed back to its proper place, only exceptionally forming adhesions to distant organs, which would prevent its replacement. It varies greatly in size at different times, being larger during menstruation, and when the ureter becomes kinked or bent on itself, in which case, and when it becomes twisted on its pedicle, it forms a tense globular tumor accompanied with severe symptoms resembling an acute attack of peritonitis.

5. The diagnosis is very important, because a great many patients have been treated successfully for some gynecological diseases, such as retroversion of the uterus, and yet the patient has continued to complain as much as ever, while many more have been treated for a long time for some gynecological disease which they did not have, and have even had their ovaries removed, only to have their sufferings increased. The diagnosis is easy, and the errors which have been committed have arisen from the possibility of this condition not having been present to the mind of the practitioner rather than from the inherent obscurity of the case. In every case, therefore, of reflex disturbances pointing to pelvic trouble, the examination must not be considered complete until the position of the right kidney has been ascertained. The patient is placed upon her back with her head raised and her thighs flexed, so as to relax the abdominal walls as much as possible; the examiner sits at her right side and facing her, pressing his left finger firmly into the small of the back, while the right fingers try to meet them under the ribs in front. The writer has also found the left lateral position convenient, but the best position in doubtful cases is to have the patient standing, leaning over with her hands on a chair, thus relaxing the abdominal muscles, and at the same time giving the kidney an opportunity to fall. In general terms, we may say that a kidney which is movable is easily felt;