

nephrorraphy was performed. This case illustrated clearly the difference between the two classes. She presented the bodily conformation of Greig Smith and gave a history of several attacks of severe pain, paroxysmal in character, almost like nephritic colic but coming on after any unusual exertion; tongue was coated and marked dyspeptic symptoms were present. When seen at the height of an attack the pain was intense with a very tender area a little above the situation of the appendix, some vesical tenesmus but no hæmaturia, nausea, some vomiting, but no fever. A diagnosis of renal colic was made, but on making a thorough examination the next day, a markedly displaced and movable kidney was found. She stated the paroxysm gradually subsided after lying down but left her very prostrate for some days afterwards.

She had always enjoyed good health until about a year before, when she was thrown out of a rig, alighting on her back and the right loin striking a ridge on the roadway. Since the accident the attacks had come on, gradually getting more severe.

Bandaging was given a fair trial without, however, any material benefit, and on April 6th of last year I sutured the kidney to the lumbar muscles, using kangaroo tendon and following the method of Morris, *i.e.*, shortening the adipose tissue, and then with three main sutures passing through the shortened capsule, muscles, aponeurosis and one-half inch in depth of the renal substance, the kidney was supported. The muscles were sutured with catgut and the skin with silkworm gut, one of the latter taking up the fatty capsule as well. Since the operation she has had none of the paroxysms and now enjoys good health, though a slight degree of tenderness still remains, due no doubt to some neuritis of the renal plexus.

Before closing I desire to draw attention to a paper by Jules Comby at the last meeting of the British Medical Association at Edinburgh, in which he stated that movable kidney was not rare in children, as he had found a considerable number of cases—18—during the last few years. Of these 16 were girls and 2 boys. In this we see the proportion between female and male retained, but no corset can enter into the consideration as a cause here. Comby did not express his opinion as to the reason of the relative frequency in the female child, but in the discussion Murdoch, of Edinburgh, thought it might be in the conformation of the pelvis, but we