and temperature are higher in appendicitis, and show a gradual increase, especially the pulse rate.

Physical examination in movable kidney leads to almost certain discovery. The possibility of palpating a diseased appendix should not be lost sight of.

Enlarged gall bladder usually is proceeded by some hepatic symptoms; while it is true that a gall bladder may be so enlarged and mobile as to resemble a movable kidney by moving up under the liver into the kidney region, when the pressure is removed without muscular effort or change of position, it returns to its former place. From enlargement, or new growth of neighboring organs, of which the principal are neoplasms of the pyloric end of the stomach, pancreas and abscess of the liver, or new growths of the mesentery, the main reliance is to be placed on the sense of touch; bearing in mind the group of symptoms that each of these conditions produce.

*Treatment.*—Treatment may be palliative or radical. For the wealthy, absolute rest in recumbent position for months, with forced feeding, has been of use in a small portion of cases. Mechanical supports are only mentioned to be condemned. I have tried them, faithfully utilizing a considerable amount of mechanical ingenuity. My conclusion is that it is absurd to attempt to fix a movable object upon a movable base. Operative treatment results in failure in a small proportion in all methods tried, excepting, of course, the last published method that has not been in use long enough to be tested. The methods of anchoring the kidney are as numerous as they are ingenious. Their success in a great measure depends on adhesive inflammation that results from the operation. The kidney substance will not hold a suture long enough to be of any service. It is doubtful if a few stitches through the capsule will do much more.

The method that has given me the best results has been a double triangular incision of the capsule proper, the base of the triangles being horizontal across the middle of the posterior border of the kidney, making two flaps, the kidney surface of which is attached by several sutures to the edge of the muscle of the opposite side. The whole wound closed with buried sutures. This method best overcomes rotation and tilting. I confess that there may be danger of kidney necrosis from striping the capsule so freely; it has never occurred to me. Seen's method, now on trial, and from which good results are published, consists in removing through the usual lumbar incision a portion of the fatty capsule, scarifying the capsule proper, passing a strip of gauze around the upper and lower end of the kidney, with this pulling it well up in wound and packing gauze around the kidney and filling the wound between the strips and fastening the strips firmly over the packing