lages. On the beginning of a deep expiration the kidney, if movable, will be felt between the two hands."

Symptoms. Briefly, the symptoms are dyspeptic, a sense of traction in right side, especially on exertion, neurasthenia, pain radiating towards pubes, and occasionally intermittent hydronephrosis. Dietl's crises are attacks of pain, nausea, vomiting, chills and sometimes collapse, said by him to be associated with movable kidney, and lastly, chronic appendicitis which according to Edebohl's (*Med. Record*, 1899) is present in 80 per cent. of cases of movable kidney and is looked on by him as a most important and common symptom. His explanation of it is that the return circulation of the super. mesenteric vein is compressed by the kidney against the head of the pancreas. This may explain it, yet as the artery of the appendix, and therefore the vein, is not terminal in the female as in the male, being frequently connected with the ovarian plexus through the appendiculo-ovarian branch, it is possible this theory of Edebohl's may be only a factor in the causation of the condition.

Treatment.—Hahn strongly urges surgical treatment for movable kidney, so also do Edebohls and Keen, but the majority of observers from Rayer, 1836, down to the present day advise conservative measures. Greig Smith and Treves advise giving palliative treatment a free and fair trial before operation; while Einhorn is decidedly averse to surgical interference, maintaining that dietetic-mechanical treatment with appropriate bandaging meets all indications.

I have seen a number of cases of movable kidney, but with one exception, they were examples of the second class, i.e., relaxed abdominal walls. In three of the latter both kidneys were misplaced, and in all the above they were subject to gastro-intestinal disturbances due, no doubt, to traction on the sympathetic plexus, and more pronounced when walking, standing or exerting themselves. There were also sensations of weight, discomfort and traction in the abdomen. I am satisfied that these symptoms were due to the visceral ptosis as a whole, rather than to any one organ, as the kidney. In all, a proper bandage applied to the abdomen relieved the symptoms to a great degree but in one case, that of a young married woman who had borne no children, the symptoms were not improved by mechanical support, hence,