

your search for the causes of obscure neurotic disturbance, not to overlook this condition. We may have irritation of colon causing mucous diarrhoea. Hemorrhage—Case No. 6 shows how severe this may be; it is the only one I have ever met, others have been reported. Is usually accompanied by a dull pain that is quite severe.

*Diagnosis.*—The principal list of conditions that may be mistaken for movable kidney are: colic, hepatic and nephritic; pelvic tumors with long pedicles; enlarged gall bladder; enlargement of any organ of the upper abdomen, particularly of the right side; movable spleen. Those cases with acute attacks of pain, with nausea and elevation of temperature, and rapid pulse, may resemble an acute appendicitis.

The recognition of all abnormalities of the abdominal cavity—in cases that admit of doubt—becomes largely a question of educated sense of touch. This is particularly so in the condition under consideration. There is something characteristic about the sensation that conjoined manipulation gives, that is worth pages of differential diagnosis—the way it moves between the finger tips more readily upward than down. Deep pressure well under the ribs, front and behind, in most cases of normal kidney, the lower end can be felt. In movable kidney it slips out of touch only to be brought in sight again by muscular effort or change of position.

The method used in detecting this trouble is having the patient standing or kneeling forward, the arms resting on the bed, abdominal muscles relaxed. Direct the patient to cough or strain; make deep pressure well up under the lower border of the ribs, before and behind, making the finger tips meet as near as possible, holding them there until the patient lies down, gradually work the hands down in a straight line towards the pelvis. The kidney will suddenly slip up between the fingers and out of touch. With a considerable degree of mobility, and a thin patient, nothing more is required. Where the mobility is slight, and the abdominal wall thick, anesthesia or the exploratory incision will be necessary for a diagnosis.

Movable kidney may be mistaken for appendicitis. The increasing tendency to call all cases with pain in the right side of the abdomen appendicitis, makes it necessary to be on one's guard. The principal points of difference: The pain of appendicitis is at first usually referred to the umbilical region, and gradually localizes itself between that point and the crest of the ilium, and increases in severity. The pain in movable kidney is more sudden in its onset, more diffuse referred to the epigastric region, often relieved by position, leaves suddenly. Tenderness and muscle rigidity in appendicitis is confined to a smaller area, more pronounced in the right iliac fossa. In movable kidney, tenderness and rigidity cover a larger surface, more marked in the kidney region. Pulse