

tioner 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 looking towards her, pressing his left fingers 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, while, on the other hand, a kidney which cannot thus be felt is not movable.

6. The treatment consists first in getting the woman fat by any means in our power. As she cannot digest while the kidney is down, it is necessary to keep her in bed during the attempt to fatten her; the Weir Mitchell treatment is sometimes successful. Second, women loose all their symptoms during the latter half of pregnancy because the rising uterus crowds the kidney up. In those in whom this treatment is not available we may resort to a large soft pad of curled hair or an inflated rubber ball which is placed in the right hypochondrium after the kidney has been replaced, which pad is held firmly in position by a broad elastic bandage encircling the whole of the abdomen. The writer has found the small pad usually sold for this purpose utterly useless as it allows the kidney to slip out from under it. An elastic abdominal supporter with a large pad under it crowding up the bowels is much more comfortable. Third, the best treatment, and one which, in the majority of cases, gives instant relief and soon brings about a permanent cure, is nephrorrhaphy or stitching the kidney to the back. The incision should extend from the last rib down to the crest of the ilium just outside of the erector spinæ and quadratus lumborum. The kidney must be pushed up by an assistant