

It is not my intention to discuss the subject of movable kidney in its entirety, nor, considering the recent literature of this subject, would I be justified in doing so, even if time permitted. The whole history of the surgical treatment of this condition (and therefore, practically of its recognition as a condition requiring such treatment), is to be found in the surgical literature of the last fifteen years (since Prof. E. Hahn, of Berlin, described the operation of nephrorrhaphy in 1880). In 1890, two very complete and exhaustive papers were published, independently, by two of the leading American surgeons, one in *The Annals of Surgery* (Vol. 2, 1890, page 81), by Prof. W. W. Keen, of Philadelphia, the other by Dr. A. J. McCosh, of New York, in *The New Medical Journal* (Vol. 1, 1890, page 281). In both of these papers the subject is systematically discussed, and a complete list of all operations which had been reported up to the date of publication, is carefully analyzed. To quote from Dr. Keen's list of 134 operations which he had tabulated to August, 1890, there were 4 deaths, 4 failures, 28 cases improved, 9 unimproved, and 66 cured—besides a few cases described as satisfactory, "possible cures," etc.—not a bad showing for the first decade in the history of a new operation! Since that date, August, 1890, the operative treatment of movable kidney has continued to grow in favour with surgeons, and has given, from year to year, increasingly good results. C. Neumann, of Berlin, in the *Centralblatt für Chirurgie*, (No. 21, 1894,) has collected 283 cases of nephrorrhaphy with the following results: 65.32 per cent. cures, 10.36 per cent. improved, 22.07 per cent. failures and 1.81 per cent. fatal. Amongst the prominent advocates of the operation during the last five years may be mentioned Franks, Küster, Tuffier, Guyon, Guermontprez, Salzer, Zatti, Le Cuziat and many other European and American surgeons.

I shall not attempt to discuss the questions of causation, diagnosis, influence of sex, age or occupation, nor even the selection of cases for operation, except to say, that whenever the symptoms are sufficiently distressing to cause invalidism, operation should be recommended. In this connection, I wish to emphasize the statement already made that excessive mobility of the kidney when of long duration, in at least a certain number of cases (probably much larger than has hitherto been suspected), leads to destructive changes in the organ. (See Cases I., II. and III.) As to the operation itself, the kidney is exposed in the loin, preferably by an oblique incision extending downwards and forwards from the outer border of the erector spinæ muscle parallel to the twelfth rib and a finger's breadth below it (Treves' operative surgery). In the earlier operations the fatty capsule was sutured to the