to think that a time is not far distant when suturing of the kidney will become one of the rare operations of surgery.

The treatment that appears to commend itself in the management of a case of movable kidney, causing symptoms (short of those of "torsion"), is the following: Treatment by rest in the recumbent position, with careful feeding, precise attention to the digestive organs, and general massage.

The so-called "rest cure" carried out for a month has not caused the movable kidney to cease to move, but it has rid the patient of her symptoms. In a quite large proportion of cases neurasthenia is the major element in the train of troubles complained of, and the treatment of this condition alone has sufficed to cause the movable kidney to be forgotten. In such instances the mobility of the kidney is probably the least important factor, although it is the only apparent or palpable one. A lady who is worn out by the unceasing turmoil of a London season, and who ascribes her many symptoms to a movable kidney, will often lose all her troubles after sufficient rest. The same may be said of the lady who hunts four days a week, and of the many women generally who "do too much."

While rest is not a panacea for all examples of movable kidney, it is at least an admirable preliminary to any more detailed treatment of the condition.

In 1895—at a time when, in common with other surgeons, I regarded nephrorrhaphy as the only remedy for movable kidney—I was consulted by a lady whose objection to this or any other operation was such that that method of treatment was not discussible. I had already found that the many belts, pads and supports designed for movable kidney were either utterly useless or at least quite unreliable. Now and then one would meet with a case of movable kidney in association with a very pendulous abdomen and some general enteroptosis, in which a belt proved to be of value or gave satisfactory relief. In the case of the lady in question I found that the kidney, which was very mobile, could be kept in place by the hand in all positions of the body and even during such movements as are involved in violent coughing, etc.

I asked Mr. Ernst to endeavor to make a truss, upon a pattern I suggested, which would reproduce the pressure of the fingers. One instrument after another was made, but they all failed. Fortunately neither the patient's patience nor Mr. Ernst's ingenuity were readily exhausted, and in due course was produced the instrument shown in the woodcut.

The instrument consists of a thin, carefully padded, metal plate which exercises pressure upon the abdominal wall by means of two springs.

The pressure concerns the lower and inner margins of the plate, so that the kidney is forced upwards and outwards. It