that organ. So that the corset would not only directly displace the kidney by forcing the liver down against it, but would indirectly favor displacement by taking away its main support—the lower layer of coronary ligament.

2nd. The right is more often displaced than the left. This is of course evident as we have no organ on the left side like the liver to force it down; and there is another point that seems to me of importance in connection with the left kidney and that is, that, while on the right side there is only easily displaced peritoneum lying over the upper half of the front of right kidney, on the left side there are really two ligaments assisting in retaining this organ in its place—the costo-colic, which runs across the outer side of the ant. surface, and the gastro-phrenic.

In the second class of patients, viz.: Women with pendulous abdominal walls it is easy to understand the production of the displacement. The axis of the upper abdomen is directed downwards and forwards towards the abdominal muscles, and to a great extent the proper tensity of these muscles retains the viscera in their normal situation. Relax this support and the viscera would fall downwards, and we would have what Einhorn considers is the usual condition present with movable kidney, viz., ptosis of the abdominal viscera. In this second class of patients the right would, in my opinion, be more often displaced than the left, because, though the transverse mesocolon would draw downwards equally on each kidney, there would be added to it on the right side the downward traction of the stomach through the duodenum, but on the left side it would be opposed by the upward traction of the costo-colic and gastro-phrenic ligaments spoken of above.

Examination of Patient.—McNaughton (Brooklyn *Med. Journal*, Feb., 1898) advises the examination in the recumbent position with the thumbs in front and the fingers behind. Suckling (Edinburgh *Med. Journal*, Sept., 1898) advises thumb behind and fingers in front, but no manner of manipulation has given us as much satisfaction as Hare's classical description—with the "patient lying down the physician should place the fingers of the left hand on the postero-lumbar region under last ribs, gently pushing forward that part. The ends of the fingers of right hand should then be placed in front, just below the costal carti-