

he did not recover in the interval. I thought he had a stone in the kidney ; no mobility detected. Sent him to the hospital for observation. Had the urine saved for twenty-four hours. Was surprised to find that it contained a large portion of blood. Some separate samples, after severe pain, were almost pure blood. In view of the great variety of opinions I advised an exploratory incision. The usual opening of the lumbar region was made. No stone could be felt. The kidney would not move down, but the upper end tilted inwards nearly to a right angle. The capsule was incised at the upper end, and well fastened to the muscles. I did not feel that I had discovered sufficient to account for the symptoms. The fee was contingent upon results, a year to elapse, and he to be the judge. He only missed one day from work during that year, paid his fee like a man, and, what is better, added to my respect for movable kidney and its different mechanism.

First, of the mechanism, we may have prolapse, rotation, or tilting. The degree of mobility bears no relation to the severity of the symptoms. A prolapse as low as the crest of the ilium may exist without symptoms, or even the knowledge of the patient. A slight tilting inward of the upper end is the cause of the most excruciating pain and severe hemorrhage. The length and attachment of the vessels control the degree of prolapse. The rigidity of the abdominal wall influences the symptoms by pressing the movable organs against adjacent organs, interfering with their functions or with their supply from the sympathetic. The lax abdomen after pregnancy is a causative factor. Thin subjects that have lost flesh : those who have much standing on their feet. Recognizing the different kinds of mobility, we can better account for the varied character of the symptoms met with.

*Symptoms.*—A series of cases similar to No. 1 would lead one to think with the older writers, that while such a condition existed it did not cause any symptoms. The pain symptoms are referred in the main to the kidney region directly, and the line of the ureter. Their character varies from an acute onset to a dull aching, frequently referred to the lumbar region, depending on the vessel impinged on, and the degree to which its calibre is occluded. In the cases where reflex neuroses complicate the pain, it is, of course, of much extra value as a symptom. Gastric symptoms are usually pronounced in those cases of moderate mobility downward, the main features of which are dilatation with its concomitant impairment of digestion, loss of flesh ; depression of spirits, amounting to melancholia. In fact, there is no one nor combination of symptoms that go to make up that complex condition we have named neurasthenia, that may not have for its cause movable kidney. One of the principal points that I want to impress is, in