hereditary syphilis was obvious in two cases; chlorosis in two; lenteric diarrhœa in one; migraine in one, and psoriasis in one. In nearly every case the affection was latent; in two it had been mistaken for a chronic appendicitis; twice it had been recognized and treated. As regards the cause, it was impossible to attribute it to pressure of the corset, as the greater number of the patients wore neither corset nor belt. Nearly all were dyspeptic, having gastric troubles or pains in the stomach, suffering, perhaps, as a result of gastro-intestinal distention, to which ill-nourished children are subject. But in the two subjects of hereditary syphilis, in whom the floating kidney was discovered post mortem, none of the above causes could have been operative, and the affection must here be considered as congenital. Litten, Gutterbock, Ewald, and Albarran believe all cases to be of congenital origin, with which opinion the author seems inclined to agree, at least to the extent of supposing the kidney to be provided with too long a pedicle, which causes it to float in the abdomen either spontaneously or as the result of pressure or injury. The greater liability of females than males to this displacement he thinks must have some connection with the abdominal conformation of the former.

The symptoms are very variable, and do not at any time afford a satisfactory guide to diagnosis; often the affection is absolutely latent. Pain, at times paroxysmal, is sometimes present, and may come on after some unusual fatigue or effort. In these somewhat rare cases the kidney may become twisted and the ureter occluded, causing hydronephrosis, which may be transitory, intermittent, or persistent. Coprostasis, appendicitis, different cystic or solid tumors of the kidney, perinephritis, and stone are among the conditions to be excluded. Palpation usually reveals the presence of a smooth, rounded, movable mass. When the affection is latent or well borne, when the pains are moderate or intermittent in character, rest and an abdominal belt may suffice to relieve. Bandaging rarely succeeds. Dyspepsia and constipation, which are so often present, should not be neglected. Should the pains persist or become unbearable, or attacks of peritonitis or hydronephrosis occur, the operation of nephrorrhaphy should at once be made.

Sarcoma of the Intestine in the Child.—ABLON has collected in his thesis (*Des Fibromes Embryonnaires (Sarcomes) de l'Intestin chez l'Enfant*, Paris, 1898) ten observations of intestinal sarcoma in childhood, all of which were of the round-celled variety. The disease occurs at all periods of childhood, and may not infrequently be of congenital origin. Its evolution is extraordinarily rapid, terminating fatally usually within two months after its apparent beginning. Heredity was noted in none of the cases, but direct traumatism was mentioned in two instances. The existence of metastatic foci in the viscera has been noted in three-fifths of the cases—in the liver and then in the kidneys most frequently. The development of glandular metastases in regions more or less distant from the primary focus has been noted in equal frequency with the visceral metastasis, but in only one case was there a generalized involvement of the lymphatic glands.

Pathogenesis of Furunculosis in Nurslings.—FRIEDJUNG (*Archiv f. Kinderheilkunde*, 1898, Band xxiv. S. 375) has examined bacteriologically nine