now to say that the dislocated kidney was the cause of the painful dyspepsia and the resulting emaciation for which she was treated two years ago, but I am more than inclined to think that that is the true explanation of the case. An equally interesting case is that of a young woman who suffered for years from dyspepsia, flatulence, constipation, and pain in the right side of the abdomen, always increased by food. In January, 1900, she was operated upon for appendicitis and was told that the "appendix was very bad." She consulted me 10 months after the operation and said that she still suffered much pain in the right ilio-lumbar region, that the pain was most severe from an hour to an hour and a half after a meal, and that there were obstinate constipation and distressing flatulence. Aperients and aids to digestion gave only slight and temporary relief and on this account when she consulted me again in January of this year I examined the abdomen and found the right kidney lying low down in the lumbar region.

Although nephroptosis is most frequently met with in thin women who have had children emaciation is not necessary for its production, nor is it uncommon in unmarried women. Several of my patients had more than an average amount of adipose tissue, and five recently under my care were unmarried.

I have only once met with the condition in a man. His right kidney was enlarged, floating, and, I believe, diseased. He gave a history of having been crushed against a wall by a horse. In less than two years I have seen 12 cases in women, but I shall add short notes of only a few of them.

CASE 1.—A married woman, aged 31 years, the mother of two children, was admitted to the North London Hospital for Consumption under my care on Sept. 23rd, 1901. On Oct. 18th, just before the onset of a menstrual period, she had an attack of acute pain in the right side of the abdomen. I saw her two days later and then the abdomen was somewhat distended, there was severe pain with tenderness in the epigastrium and to the right of the middle line. The pain was most acute at a point a little above and to the right of the umbilicus. The liver dulness was slightly increased and the rounded end of the distended gall-bladder was palpable, but deep palpation was impossible. On Oct. 28th the acute pain and tenderness were no longer felt and the jaundice was disappearing. Deep palpation was now possible and the right kidney, somewhat enlarged and freely moveable, was found lying well forward in the lumbar region. The patient stated that for six months she had "felt something move or fall in the right side when she turned from one side to the other in bed." At the beginning of the next period there was a return of the same symptoms, but they were much less severe. The kidney again seemed to enlarge somewhat and there was decided tenderness.

CASE 2.—A woman at about the middle period of life, married but having no children, was seen by me in consultation in July, 1900. For some time she had been suffering from pain after food, nausea, and loss of flesh, and there was an icteric tint in the skin—symptoms strongly suggestive of malignant disease of the stomach. Nothing abnormal was to be found in the stomach itself and all the other organs seemed to be perfectly healthy, but the right kidney was dislocated downwards and forwards. She attributed her illness to a trying 50-mile bicycle ride. No malignant disease of the stomach has since developed.

CASE 3.—A woman, aged 32 years, married and the mother of four children, came as an out-patient to the North London Hospital for Consumption on Oct. 8th, 1901. She was very depressed, weak, and emaciated, and there was an icteric tint in the skin. Her history was that she had suffered from painful dyspepsia for several years, but the symptoms were much worse since the birth of her last child 10 months ago, and for nearly two months before her visit to the hospital she had been unable to retain a single meal because of the pain which it caused. The emaciation and flaccid condition of the abdominal walls made palpation of the viscera easy. Nothing abnormal was detected in the stomach, but the right kidney was found to be dislocated; it could be easily grasped and moved over a wide area. No medicinal treatment was given, but she was kept in bed for a fortnight, and during that time there was no sickness, and little or no pain. At the end of the fortnight an L-shaped pad kept in place by a suitable bandage was applied and she was no longer confined to bed. There has been no sickness or pain since and the patient eats well and is rapidly putting on flesh.

CASE 4.—A married woman, aged 48 years, had suffered

more or less for 10 years. She complained of pain in the epigastrium and right hypochondrium and sickness after food, and she stated that the vomiting frequently came on at night. The bowels were alternately relaxed or constipated. Her right kidney was floating.

CASE 5.—A woman, aged 39 years, unmarried, consulted me in November, 1900. She had for years suffered from indigestion, distressing flatulence, constipation, and severe attacks of pain in the neighbourhood of the cardiac end of the stomach. The pain was frequently accompanied by much retching. The usual remedies gave only slight and temporary relief. Her left kidney was moveable and could easily be grasped and rolled between the fingers in bimanual examination. A pad and bandage gave little or no relief, probably because she was more than fairly stout.

CASE 6.—A woman, aged 39 years, married, and having one child, consulted me in February, 1901. She was distinctly neurotic, stout, and of excellent physique. She complained of vertigo, indigestion, and sudden attacks of pain in the stomach and right lumbar region. The appetite was good, the tongue was clean, and the bowels were relaxed. All the organs seemed healthy. As in the other cases, the remedies gave no relief except as regards the vertigo. The pain was first noticed four months previously after cycling up some stiff hills. Pain was felt in the abdomen on turning in bed. Owing to the amount of adipose tissue in the abdominal walls palpation was not easy, but the right kidney was made out to be freely moveable. After wearing a pad and bandage the pain was never so severe, but there was still aching.

It is unnecessary to give further details of individual cases. Those which I have given show, I think, that the symptoms and sensations are so characteristic that when in apparently ordinary cases of dyspepsia medicinal treatment fails, moveable or floating kidney ought to be suspected and examined for.

Unfortunately, the treatment by pad and bandage is not always satisfactory, but in none of my cases have I found it necessary to recommend operation. Yet Dr. Bramwell's case shows that nothing short of operation can under certain circumstances save the life of the patient.

The frequency with which nephroptosis is met in women is, as I have already remarked, striking; and no less striking in my experience is the fact that the right kidney is much more frequently dislocated than the left. In my last 12 cases the right kidney was dislocated in eight, the left in three, and both were dislocated in one patient. The explanation seems to me to lie in the fact that in muscular effort and severe straining the right kidney gets nipped at its upper end between the muscles of the back behind and by the liver and diaphragm in front and above, and is so pressed out of its normal position.

As regards the method of examination, either for the right or the left kidney, I find it best to stand at the patient's right side. The fingers of the left hand are placed in the lumbar region behind and pressed forwards, while the right hand pressing backwards is moved upwards and downwards over the side of the abdomen in front. In this way a dislocated kidney is more or less (according to the condition of the abdominal walls) readily detected and often slips from between the fingers with a distinct jerk.

Queen-street, W.

CHRONIC EPISTAXIS (? VICARIOUS MENSTRUATION); CAUTERISATION OF THE NOSE, FOLLOWED BY GREAT GENERAL AND LOCAL IMPROVEMENT.

By BERNARD E. MYERS, M.D. EDIN., L.R.C.P. LOND.

THE following case has, I think, certain points of interest.

A young woman, aged 23 years, came to see me in June, 1901, on account of anæmia. She looked very ill and had an extremely anxious expression, whilst her cheeks, lips, and conjunctivæ were markedly pale. The patient complained of being in a constant state of hebetude and breathless on the least exertion, of pain and palpitation in the præcordial region and swelling of the ankles in the morning, also of stomach troubles, &c. She had suffered occasionally from rheumatism. Her family history was as

follows. Her father had had rheumatic fever and suffered for many years from epistaxis. One young sister, aged nine years, had also suffered from epistaxis since she was four years old. When my patient was five years of age she first bled from her nose, and this bleeding continued on and off till August of this year. The bleeding started without any warning, and until she was 13 years old it often occurred from seven to nine times daily, and she lost, according to her statement, at least a teaspoonful each time. The bleeding tended to be worse in summer. There were very few days during which she did not bleed once at any rate. She said that she was always ailing and had a perpetual frontal headache and a shocking memory. When she was 13 years old she first menstruated and then saw nothing again for five years. During this time she became generally worse and was very depressed in spirits. At 18 years of age she felt at what she called her periods great pain in the pelvic region and had a white discharge, but lost no blood per vaginam. This condition always lasted for one day and came on every three or four months until recently. From the age of 13 years she had also suffered (besides the ordinary daily small losses) from larger losses from the nose about every four weeks, amounting to one-half or two-thirds of a pint during the two days on which it lasted. This larger loss always occurred when she had the pelvic pains mentioned above, so that probably one may look upon this periodic bleeding as vicarious menstruation, though the pelvic pains did not occur every month. After all these larger hæmorrhages she fainted and was practically moribund for some hours. At the age of 17 years she was treated in a hospital for hæmoptysis and hæmatemesis, but I understand from her account that the amount of blood lost from the lungs or the stomach was never excessive.

In June, 1901, when I first saw her, she was suffering severely from secondary anæmia. There were also old quiescent mischief of the right apex of the lung and gastric ulcer. The usual signs and symptoms of anæmia were rather excessively marked, and I noted that on very gently touching the right or left side of the septum nasi in the usual area with cotton-wool on a probe there was an immediate oozing of blood. I gave her five grains of Bland's pill and $\frac{1}{16}$ th of a grain each of arsenic and strychnine thrice daily after meals; also a solution for douching the nose and an astringent dusting powder for the same purpose. She became a little better and there was a longer time between the bleedings, occasionally two weeks; but now when the epistaxis did start it was worse than ever, and on several occasions I had to put plugs of lint soaked in tincture of hamamelis into each nostril. Her appearance after these attacks was very ghastly and vision completely failed her for half an hour afterwards.

Early in August, after having exerted herself a little more than usual in attending on a sick friend, she suffered from the worst hæmorrhage that she had ever experienced, and for two days I was extremely anxious about her, and so I determined to treat both sides of the nose with the galvano-cautery. There was a certain element of danger in doing this on account of the possibility of bringing on hæmoptysis or hæmatemesis again; still, it was quite worth chancing, as I was rather afraid of the possible effects of another severe bleeding suddenly coming on.

Since cauterisation was performed her improvement has been very great indeed, and though it is 18 weeks since it was done she has not had epistaxis once (in the ordinary way she would have had over 50 attacks in this period), whilst her complexion has a healthy rosy tint and her lips and conjunctivæ are for the first time of normal colour. She eats well, sleeps well, and can do her daily duties without fatigue—a condition quite new to her. The mucous membrane of her nose, which was formerly turgid with blood, has now almost the normal hue. She has had no trouble with her lungs, but a slight hæmatemesis occurred three weeks after cauterisation. Her heart beats more vigorously than hitherto. Since the epistaxis has stopped she has menstruated four times, at intervals of four weeks. Her periods last for three days, the pelvic pain is much less than formerly, and for the first time since she was 13 years old she has lost blood per vaginam at her menstrual periods. The amount of blood lost is increasing each period, though it is still only four ounces or so for the whole menstruation. Perhaps it is too soon yet to judge whether the present satisfactory state of things will last, but it has had a fair test, and at present I have seen no bad results whatever, and I would be inclined to cauterise again in a similar case to this one.

West Hampstead, N.W.

A CASE ILLUSTRATING THE RELIEF OF SEVERE HEADACHE BY CORRECTION OF REFRACTION ERROR,

WITH REMARKS ALSO ON THE EFFECT OF CYCLING IN SOME CASES.

By SIMEON SNELL, F.R.C.S. EDIN.,

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ON Oct. 17th, 1901, a man, aged 32 years, consulted me in consequence of long-continued and severe headaches. He gave the following account of himself. He had been a missionary in the East. The headaches commenced about February, 1899. He had had considerable stress of work at that time and he felt generally run down. The headaches began on the left side, to which also they were chiefly confined. They commenced sometimes about the eye, and at other times about the teeth. At first there was a sort of hot feeling which, after a time, gave place to more acute pain, apparently like neuralgia. If pain was not present there was a constant numb feeling all along the left side and the top of the head reaching to the occipital region. He described the feeling, which was constantly with him, as if one side of the head was boiling hot or in flames, and it took all the energy out of him. He consulted a medical man who tried his sight and declared that it was above normal. He designated the complaint "hemicrania" and put on the certificate "cause undiscovered." At this time, also, as it was suggested that his teeth were responsible for the headaches, two were extracted from the left upper jaw. As a result of the examination by the medical man just referred to he was invalided to another part of the country for six months, but during that period he was able to do some amount of work. The change and comparative rest were beneficial. He resumed regular work in the autumn of 1899, and continued it until the beginning of the present year (1901) when headaches of the same character as at the beginning of 1899 returned. He was treated by another medical man who regarded the headaches as rheumatic, but without avail. He was then sent back to England in February last, landing in this country in the middle of April. On his arrival he was brought before the medical board and ordered six months' rest. At the expiration of that time he presented himself before the board for re-examination. The headaches still remained, though somewhat modified in severity. The principal medical officer could not say what the cause was, and therefore advised him to consult an oculist. He then came to me.

At the time of his visit I found that he was still suffering considerably from headache, though apparently not so badly as before. The numb feeling was constant and there were exacerbations of more acute pain. He thought that exertion rendered the headache worse, but he was unable to use his eyes with comfort and he himself considered that they had a good deal to do with his suffering. On examination I found vision in each eye was $\frac{2}{3}$ and that spherical + glasses rendered it worse. Both eyes were placed under the action of homatropine and cocaine and then in each eye vision = $\frac{6}{6}$, or with + 5D. cyl. $\frac{2}{3}$, axis horizontal. The muscle balance appeared to be normal. He was accordingly ordered these cylinders for general use. A week later he returned to me and reported himself as being greatly relieved, better, indeed, than he had been for a very considerable time. Whilst wearing the glasses the numb feeling in the head had disappeared, but it came back again if he left them off. He mentioned, however, an interesting fact that two days previously, after a bicycle ride, the pain in the head had returned and he was anxious to know whether cycling would be likely to be injurious. He had cycled a good deal when in the East, and he thought that it tended to aggravate the pains in his head. I explained to him the way in which I thought that it might do this. He was, I ascertained, in the habit of leaning forward and, therefore, on looking straight in front of him he would necessarily be using and straining the elevator muscles. This would cause discomfort just in the same