

trusted these few suggestions would stimulate to the investigation some of his professional brethren more accomplished in the use of the microscope, or more fortunate in the enjoyment of leisure.—*Lancet*, July 11, 1857.

26. *On Movable Kidneys.* By Prof. OPPOLZER.—The knowledge of the possibility of the existence of this affection is of importance to the practitioner, as, when unaware of it, he may suppose the appearances observed to result from various other causes, and submit the patient to an injurious course of treatment, or give rise to unnecessary alarm upon his part. The abnormal movability usually affects but one kidney, and especially the right one; but the author has met with cases in which it was observable in both, and that in a remarkable degree. In all the cases he had the opportunity of examining, the patients dying of some other disease, the kidneys were found healthy; but in these cases there has been observable a deficiency in the cushion of fat, and an extension of the renal vessels. In some cases, the practitioner's attention has been drawn to the abnormality by the patient observing a tumour on one or both sides of the abdomen, which only became perceptible while standing, or lying on one or the other side, disappearing again during the horizontal posture. Generally speaking, however, it is first discovered by careful exploration, when, beneath the relaxed, painless, and not very obese abdominal parietes, a largish, rounded tumour is perceived deep under the liver or stomach. The inner concave side can only be felt in very thin persons, and the upper end is only accessible in some. The tumour can easily be pushed upwards, and then may suddenly disappear, but it cannot be pressed against the spinal column, or downwards below the crista ili, without great pain being produced. To very firm pressure, made in any direction, the tumour is sensible; and the patient spontaneously complains of a sense of pressure and dragging, especially when standing, performing active movements, during defecation, etc. In the cases seen by the author, the condition of the urine has been normal.

The affection is usually congenital, as is shown by the lengthened condition of the vessels. Rapid emaciation occurring in persons formerly fat, concussion of the body, as in rough travelling, constipation, etc., may probably contribute to its production. In fat persons, the diagnosis may be impossible, but it is not difficult in those who are thin, as the form of the swelling can be traced, while the tumour can be pushed into the lumbar region, and there felt. The pain which it not unfrequently gives rise to cannot be mistaken for neuralgia, colic, or rheumatism, if the practitioner will only make an exact exploration; while the tumour resulting from a collection of feces assumes another form, and does not appear in, or disappear from the lumbar region in consequence of pressure. It may also be distinguished from a movable spleen, as the latter lies in front of the intestines under the parietes, and gives rise to dulness on percussion, which the kidney does not. It can only be confounded with cancerous and tubercular masses, when these are movable, and resemble the kidney in form. Treatment of this affection by bandages, and the like, is of no avail; and the removal of pain when present must chiefly be sought from the horizontal posture. Confinement of the bowels, and the consequent straining, must be avoided. It is, however, of great importance to be able to tranquillize the mind of the patient as to the nature of the affection, and to prevent injurious measures being adopted; and hence the value of a correct diagnosis.—*Med. Times and Gaz.*, June 6, 1857, from *Wein Wochenschrift*, No. xlii., 1856.

27. *Open Foramen Ovale in the Adult.*—Some years since (1851), Dr. J. W. OGLE examined sixty-two human hearts, with a view of discovering the condition of the foramen ovale, and found that of these there were thirteen in which this foramen was incompletely closed, or one in five. The patency noticed allowed of very different degrees of communication, between the two sides of the heart. "In some of the cases, the opening remaining in the septum of the auricles was a mere fissure or oblique slit, arising simply from want of such an adhesion between the valves and the margins of the isthmus as is wont to