

kidney. 4th, In severe contusions of the organs.—*Monograph*, 1889.

II. Upon Palpation of the Healthy and Diseased Kidneys. By DR. J. ISRAEL (Berlin). The conditions under which the kidneys are not accessible to palpation are the following: 1st, The presence of a large amount of fat surrounding the organ; 2d, Great tension upon the abdominal walls; 3d, Where but a slight distance exists between the crest of the ilium and the lower ribs. Well marked development of physiological lordosis of the lumbar vertebrae is indispensable to the manipulation. The bowels must be previously emptied.

The three practicable procedures of palpation are, 1st, bimanual palpation in the dorsal decubitus. The operator stands upon the side to be examined, and with the corresponding hand makes deliberate but gentle pressure at a point, one inch below the junction of the 10th rib with the costal cartilage, while the other hand makes counter pressure from the lumbar region. 2d, Guyon's "renal ballotement." The patient and operator stand as in the foregoing procedure. With the hand pushed under the lumbar region the operator makes a series of gentle but short, regular and quickly successive blows, by means of which the kidney is projected in a jerking manner toward the anterior abdominal wall. 3d, The author's method of examination in the lateral position; examination of the left kidney is made with the patient upon the right side, the operator standing upon the right side and placing the right hand upon the lumbar region, the left resting upon the anterior abdominal wall. During respiratory movements the finger tips glide over the lower edge of the kidney. He found, contrary to the expressed view of other observers, that the unattached or movable kidney takes part in the respiratory movements although not to the same degree as the liver and spleen. In the normally attached kidney only the lower third, or at the most the lower half, of the organ can be palpated; the rounded edge of the organ can be felt and distinguished from the liver and spleen. These latter organs may be isolated and their edges lifted away from the kidney by the finger tips.

By means of the latter method, the author succeeded in diagnos-

ing, in a boy æt. 14 years, the existence of a normal kidney upon the one side, while there existed a sarcoma of the organ upon the other; a similarly gratifying diagnosis was made in a woman with a nephrolithiasis. In an emaciated woman with persistent hæmaturia, he was enabled to locate a calculus in the kidney, subsequent operative interference confirming the diagnosis. Further, a case of carcinoma of the kidney already published is referred to in which a carcinomatous nodule, of $1\frac{1}{2}$ cherry size was detected. Tumors of the kidney, attached as they are, in the great majority of cases, to the anterior abdominal wall, are best demonstrated by the renal ballotement, providing the tumor is not so large as to possess an extensive attachment to the abdominal wall. In the latter case the diagnosis must be made by exclusion. The renal origin of the tumor may likewise be shown by its relations to the colon; as a rule the latter passes anteriorly to the tumor and is felt when empty, as a narrow solid cord, rolling under the finger or when distended with gas, as a sausage shaped rounded projection, receding from the touch. Frequently, however, the bowel cannot be demonstrated, particularly upon the right side, where, in its normal relation to the kidney, it is crowded inward, or both inward and downward.

These latter diagnostic points are valid only in cases where the growth is not large, for instance, those which do not fill to a greater or less extent, the entire abdominal cavity. It is possible to confound for instance, a portion of intestine attached anteriorly to the ovary, or to a tumor of the liver.

Information obtainable by means of palpation regarding the nature of the growth is somewhat restricted. In hydatid growths the whirling feeling, in nephrolithiasis the grating together of calculi, when more than one exists, and the lessening of a hydronephrosis from pressure, would naturally suggest the conditions. Otherwise, the pathological diagnosis must rest quite upon other considerations.—*Berlin. klin. Wochenschrift*, 1889, Nos. 7 and 8.

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