which had been gradually increasing in severity for twenty years. There was nothing remarkable in her family history, nor had she previously had any serious illness. Her family consisted of ten children, including twins, and the youngest was 15 years of age. The patient was of a very nervous temperament, and, despite the attacks described below, had been too diffident to consult a medical man.

Symptoms.—Twenty years ago she first began to feel pain in her left loin, but attributed it to indigestion or rheumatism. This pain has gradually got worse, and is now always present to some extent. Three years ago she began to have "attacks," at first about every two or three weeks, but with increasing frequency, till when first seen fifteen months ago they came on six or seven times a week on an average. During a bad attack "the pain in the left loin becomes agonising, and shoots down the front of the abdomen to the inner side of the left thigh." She "rolls about in agony, and becomes bathed in sweat, and frequently vomits." The duration of the attacks varies, but usually they last two or three hours, and leave her very collapsed. Such was the nature of her attacks fifteen months ago. Curiously, she did not suspect renal trouble, and had never noticed her urine, but said she micturated too frequently, especially during an attack.

Condition on Examination.—Great tenderness was present below the left lower ribs posteriorly. Bimanual palpation of the kidney was difficult on account of the great rigidity of the abdominal walls, and the kidney could not be distinctly felt to be enlarged. Tenderness and rigidity were also noted along the course of the ureter. She said she had never had blood in her urine, and that walking about or riding in an omnibus did not increase the pain unless she had an attack on when she went to bed. I diagnosed an encysted renal calculus provisionally. On examining her urine the same evening, I found it neutral in reaction; a haze of albumen was also present, and microscopically a few leucocytes were seen, but no pus.

Description of Casts.—A few days later I saw her in a typical attack of colic as described above, and on examining the next specimen of urine passed, I found it slightly acid with a smoky tinge, and containing a distinct cloud of albumen and a few blood cells. The most remarkable objects, however, were a number of semitransparent mucoid strings about an inch long, and obviously derived from the ureter. She had never noticed these previously, but during the last fifteen months they have always followed a bad attack of colic. Microscopically they are hollow, elongated, cylindrical bodies of clear mucus held together by a few threads of fibrin, and contain a few small granules and the remains of a few epithelial cells, which occasionally show a transitional character. From the flimsiness of the casts it was difficult to believe they could mechanically cause any serious obstruction.

Treatment.—She was put on an alkaline mixture containing 2 grs. of potassium iodide three times a day, and at once began to improve, and soon was able to walk about, and this summer (1900) even went for a summer holiday, which she had been unable to do for three years. During her absence, however, she left off the mixture, and had several bad attacks of colic. On her return I thought I would try an acid mixture, and gave her some nitrohydrochloric acid with belladonna, but she did not improve, and I was obliged to return to the old mixture, when she again ceased to have the spasms. She has now been under observation for fifteen months, and instead of getting attacks of colic every two or three days she will go a month without a bad attack. During the spasms she gets relief from chlorodyne and belladonna draughts, and tells me that before consulting me she took large quantities of spirits during her attacks with considerable relief.

This case is paralleled by one recorded by Professor von Jaksch.¹ In his case, however, the patient had previously passed a renal calculus, and this was followed by periodical attacks of colic attended by the passage of casts of the ureter 10 cm. long. His patient was relieved by rendering the urine acid, whereas no relief followed in my case after the administration of mineral acids. Probably the iodide was the active ingredient, and produced its beneficial effects by rendering the secretion of the ureteral mucous membrane more fluid and less coagulable than before.

Von Jaksch compares the condition to Curschmann's spirals in certain forms of bronchitis, and to cases of membranous colitis in which casts of the colon are passed. Fenwick, of New Zealand,² has related a case in which a membranous cast of the gall bladder and duct produced attacks of biliary colic.

Besides von Jaksch's case I am unable to find further records of ureteral membranous casts. In my own case, as in von Jaksch's, I think it very probable that an encysted renal calculus may be present, and this by irritating the renal plexus produces nutritive disorders of the ureteral mucous membrane on that side. It is difficult, in view of the apparently unilateral nature of the disease and its long duration to suspect a microbic origin, at any rate without strong bacteriological evidence. The colic is probably due to irregular peristalsis of the ureter produced by the irritation of the separating casts, and not to ureteral obstruction.

In a similar case, supposing relief could not be obtained medicinally, and in view of acute pain caused by the passage of the casts, it is possible that an exploratory nephrotomy might be necessary in order to discover any possible source of irritation, such as a stone; and, failing relief from this, even nephrectomy might be necessary. Israel³ describes a case of ureteritis attended with renal colic in which this procedure was necessary.

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A CASE IN WHICH MOVABLE KIDNEY PRODUCED THE USUAL SYMPTOMS OF HEPATIC COLIC:

SUCCESSFULLY TREATED BY NEPHRORRHAPHY.

By MACPHERSON LAWRIE, M.D.,

Physician to the Weymouth Sanatorium; Vice-President of the British Gynaecological Society.

C. G., aged 39, a patient of Dr. Allden (Bridport), consulted me on September 26th, 1899. She had been more or less in bad health for the previous ten years. She was weak, thin, and badly nourished, and complained of severe pain, principally over the region of the gall bladder and liver. This pain was intermittent in character, but the attacks were frequent, almost daily and almost every week she was laid up and unable to perform her duties. These attacks were accompanied by sickness, nausea, and vomiting; the bowels were constipated, her complexion sallow, and she had the worn, anxious expression of chronic ill-health. She was afraid to take almost any kind of nourishment, and the slightest indiscretion was followed by renewed suffering. The attacks were usually associated with fever, and on more than one occasion there was a considerable rise of temperature.

While under my observation she developed an attack of jaundice with much pain and the other symptoms already enumerated. On examination there was great tenderness over the epigastrium but no definite swelling could be demonstrated. The right kidney was freely movable.

For a considerable length of time medical treatment had been systematically carried out, followed by more or less benefit, but she was never really well, and it was sometimes necessary to administer morphine for the relief of pain. Medicine having been of only temporary assistance, and as the state of the kidney was clear evidence of an abnormal condition, I recommended surgical interference with a view of fixing that organ in its proper position.

The operation was performed on December 10th, 1899, in the usual way by a lumbar incision, and stitching the kidney to the deep muscles of the back by means of three Chinese silk sutures. The operation gave no trouble, and was followed by a rapid recovery, and in a few weeks she went home. All the troublesome symptoms at once disappeared. She had no return of pain, sickness, fever, or jaundice. I saw her on September 27th, 1900, more than nine months afterwards, when she had gained considerably in weight, looked well and strong; in fact, I did not know her as the same woman, and she told me she could do anything and eat anything.

The interest of this case lies in the evidence it affords that the ordinary symptoms of hepatic colic may be produced by movable kidney, a fact which has not been generally recognised by most well-known authorities on the liver. In the *BRITISH MEDICAL JOURNAL* of last year, Dr. McLagan and Mr. Treves published a series of three similar cases, in which the evidence pointed strongly to the presence of gall stones, and where a movable kidney had been noted. In each of these cases the abdomen was opened, and closed after the gall bladder had been unsuccessfully explored for stone, and the patients were completely cured by stitching the kidney into its proper position.

THE SEX OF PATIENTS SUFFERING FROM GASTRIC ULCER.

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In connection with the letters of Drs. Saundby and Pye-Smith on this subject, may I venture to give some figures I collected a few years ago from my old hospital records?

In 7,700 *post-mortem* examinations of which full notes were preserved, I found the presence of gastric ulcer recorded in 96—55 males and 41 females. These figures are strikingly like those quoted in Dr. Pye-Smith's edition of Fagge's *Medicine*—59 males and 46 females, and Lebert's observations—57