

or ignorant women whose services they could safely utilise whilst the public was unable to distinguish between trained and untrained workers. But whilst Registration would undoubtedly, to a large extent, obviate some of the evils at present existing in Nursing Homes, there are others of equal importance which could only be prevented by the regular inspection of these institutions by a Public Authority.

The County Councils should be empowered, as under the existing law they could be empowered, to appoint Inspectors, amongst whom should, of course, be thoroughly trained nurses, to carry out the inspection of all Private Nursing Homes, and if such inspection proved to be in every way satisfactory, the County Council should issue a Certificate to that effect to such Home and enter its name on a Register of certified Institutions.

Nursing Homes which are properly conducted would, we feel sure, welcome such supervision, because it would at once remove from the field the many Homes which are wanting in every professional requisite, but which, at present, can compete on equal terms with the best-managed and most completely equipped institutions.

Medical Matters.

MOVABLE KIDNEY.



Although kidneys must have been more or less displaced in men and women from the beginning of time, it is only within recent years that much attention has been devoted to the subject. It is now known to be extremely common, especially in women, that one or both kidneys should become displaced forwards or downwards from their proper position in the flank. The symptoms are, as a rule, comparatively slight, and chiefly consist of a more or less constant dragging sensation on the affected side, and more or less disturbance of the urinary system. The question of the causation of the condition has been recently discussed at considerable length in Germany, and a general agreement has been expressed that a movable kidney is much more commonly found in women than in men, and that it is usually associated—first with laxity of

the abdominal muscles, and secondly with a general loss of flesh, and especially with a diminution of the layers of fat in the flank on which the kidney rests, and which, to a large extent, form both its protection from external injuries and its most natural anchorage. It can, therefore, be easily understood why the condition of movable kidney should most frequently be found, firstly, in women who have had several children, and whose abdominal muscles are therefore lax from the distension to which they have been subjected; secondly, in those who are suffering from marked loss of flesh; and thirdly, in those who are subject to severe strains from the nature of their work, or who suffer from the violent expiratory efforts associated with chronic bronchitis and other cough producing complaints. The old treatment for a movable kidney by bandaging, or a properly fitting Belt is, in many cases, sufficient to remove the discomfort of which the patient complains, and is, therefore, all that is required, whilst measures designed to improve the general health and nutrition, that is to say, to increase the layer of fat around the kidney, do their part in effecting a practical cure. In some instances operative treatment is necessary, and the method usually adopted is to remove part of the capsule and so fix the kidney up into its proper place by more or less dense adhesions. The one drawback to the operation is the somewhat extreme pain which the patient suffers for the first few days, whilst the wound is healing, and the nervous and vascular supply of the kidney are accommodating themselves to their new conditions.

POSTPONED ABORTION.

As a general rule, of course, when the foetus dies during pregnancy, nature speedily provides for its expulsion from the womb, and abortion takes place. There are, however, many cases on record in which months elapsed before the dead foetus was expelled, and an instance of this has just been reported in the medical press. The embryo died early in January when it was about ten weeks old, but abortion did not take place until the following November, or more than twelve and a-half months after pregnancy commenced. In this case, the condition was recognised in March, and the patient was being carefully watched from that time onwards. The condition is chiefly interesting as explaining what is generally regarded as a mystery when after an unusually prolonged pregnancy, a small shrivelled, and perhaps mummified foetus, is suddenly expelled. The death of the foetus may be suspected when the ordinary signs of advancing pregnancy disappear.

[previous page](#)

[next page](#)