dominal muscles of the patient being relaxed as far as possible by flexing the thighs, and bending forward the trunk. If it be a mass of fæces in the ascending or descending colon, it will be readily felt; but if an enlargement of the kidney, it will be more deeply placed, and the resonant colon will be found in front of it. The possible existence of a movable kidney must be borne in mind.

A *fluid tumour* in the loin must be due either to cystic degeneration of the kidney, or to psoas abscess. The kidney may, owing to obstruction of the ureter, become enormously distended with fluid, so as to form a distinctly fluctuating tumour in the loin, which never finds its way into the groin. A psoas abscess, on the other hand, tends to pass into the groin, and fluctuation may usually be traced beneath Poupart's ligament into Scarpa's triangle, where an impulse will be felt on the patient coughing. Symptoms of caries of the spine, with, probably, irregularity of the spinous processes, will be found if carefully looked for.

An obscurely fluctuating swelling in the *iliac region* will probably be an iliac abscess due to disease of the pelvis or lumbar vertebræ, or of the sacro-iliac joint. The condition of this joint is best tested by forcibly squeezing the innominate bones together, and then attempting to draw them asunder by pressure on the iliac crests.

On the right side, a fluctuating swelling in the iliac region may be due to a perityphlitic abscess, or abscess caused by inflammation of the cellular tissue around the cæcum, the acute symptoms of which will be present; and, if perforation of the cæcum have occurred, there will be crepitation of the cellular tissue from the escape of the intestinal gas.

In the *male*, a solid tumour in the iliac region may be due to a retained testicle taking on inflammatory swelling, in which case acute inflammatory symptoms will be present, or developing medullary cancer with considerable rapidity. The presence or absence of the testicle from the scrotum, which should always be investigated, will give the clue to the case.

In the *female*, the possible existence of a "phantom tumour" must not be ignored; for occasionally the irregular contraction of the abdominal muscles gives rise to a tumour of such solidity as to deceive the most experienced surgeon, but disappears absolutely under the influence of chloroform. No doubt some of these phantoms have been examples of loose kidney, in which the organ is readily displaced.

A tumour in the median line, rising out of the pelvis, is probably uterine, if it be not the distended bladder. Pregnancy is first to be eliminated by inquiry as to menstruation, by examination of the breasts, and by listening for the fœtal heart, which, after the fourth month, ought to be recognizable. Lastly, a vaginal examination will determine whether the *os uteri* is soft and velvety, as is the case in pregnancy. All suspicion of pregnancy being removed, the introduction of the uterine sound will determine whether the long diameter of the uterus is greater than the average (two inches and a half). Supposing the uterine sound to pass four or five inches readily, and to move with the tumour when it is pressed from side to side, it is obvious that the tumour is uterine, and probably a fibroid.

A tumour occupying one side of the abdomen, having grown up from the pelvis, is probably ovarian. It is dull on percussion and elastic to the touch, or, if of large size, may fluctuate distinctly. If no ascites be present, both flanks will be resonant, in whatever position the patient is placed; but, if there be fluid in the peritoneum, the most dependent part will be dull, though the dulness over the tumour will not vary.

When fluctuation is present, but it is doubtful whether it is ascitic or ovarian, an assistant's hand pressed edgeways into the median line over the tumour will serve to break the wave of ascites and thus clear up the doubt.

A cyst with such thin walls that the fluctuation closely resembles that of ascites is probably a cyst of the broad ligament (parovarian); and tapping will make its nature evident at once, the fluid being perfectly limpid, whilst that of ascites is yellow serum, and that of an ovarian cyst darker and, as a rule, more viscid.—*Brit. Med. Journal.*

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