

capacity to move with respiration is tested; further, it is moved by the palpating hand in all directions if possible, and the direction in which it is most easily displaced is noted. It may also change its position with change in the patient's posture. If a tumour move downward with inspiration and upward with expiration, it is obviously disturbed by the movements of the diaphragm. The kidney, liver, and spleen become unduly movable at times (floating kidney, liver, or spleen), and may alter their position freely, either with respiration or with change of posture of the body. Tumours of the stomach, especially those at the pyloric end; faecal accumulations and tumours of the bowel; the enlarged gall-bladder and spleen; the kidney, even when normal in size and position; tumours of the omentum and liver, and of the ovaries and uterus, all exhibit mobility in various degrees. Enlarged glands, inflammatory exudation or abscess, the result of appendicitis or other localized inflammation, tumour of the pancreas, aneurism of the abdominal aorta, are fixed and uninfluenced by respiration, change of posture, or by palpation.

(e) Movements caused by the **presence of fluids**. In abscesses or other cystic tumours fluctuation may be recognized in the usual manner. The fingers of both hands being placed on the swelling, sharp pressure is made with one hand; the displaced fluid raises the fingers of the other hand. If the collection of fluid be large, as in the case of ascites, hydronephrosis, ovarian and parovarian cysts, a more distinctive fluctuating wave can be elicited. The palm of one hand is placed flat on one side of the abdomen or of the cyst; a sharp tap with the finger-tips or fillip with the finger-nail of the other hand is then delivered on the opposite side of the abdomen or cyst. The wave produced in the fluid by the stroke is felt by the first hand as a distinct tap. Even in the absence of fluid a similar wave may occasionally be evoked, particularly in fat abdomens; it is transmitted through the semifluid subcutaneous fat from one side of the abdomen to the other. In order to avoid error from this cause, in executing this procedure in a suspected case of intra-abdominal fluid an assistant places the ulnar edge of his hand firmly on the abdominal wall at right angles to the direction of the wave, thus cutting off the passage of superficial waves.

(f) Movements produced by the **fœtus in a pregnant uterus** may be mentioned, but are not likely to give trouble in diagnosis.