

more of the regions of the abdomen: **epigastric swelling** may be due to flatulent distension of the stomach or intestine, to tumour of the liver, gall-bladder, or pylorus, or to abdominal aneurism; **right hypochondriac bulging**, to enlargements of the same organs and of the kidney; **left hypochondriac swelling**, to enlargement of the spleen and kidney, abscess, and gastric distension. **Right iliac and lumbar protuberance** may indicate affections of the cæcum and ascending colon (*e.g.*, fæcal impaction, appendicitis, malignant growths), or uterine or ovarian tumours. Enlarged or displaced right kidney may cause a swelling in these regions, while psoas abscess and inguinal hernia cause swelling of the lowest part on either side. **Left lumbar and iliac swellings** may mean displaced or enlarged kidney, perinephric abscess, enlarged spleen, cancer of the bowel, fæcal accumulation, volvulus, intussusception, psoas abscess, hernia, ovarian and uterine tumours; **umbilical swelling** may be caused by hernia, floating kidney, tumours of the liver, gall-bladder, and peritoneum, intussusception, dilated stomach, gastropexia, enteropexia, tubercular glands and peritonitis; **hypogastric projection** may signify distended bladder, uterine fibroid, pregnancy. The table on p. 8 gives a comparison of the commoner abdominal tumours.

3. The **Size** of the abdomen may be (a) decreased or (b) increased.

(a) A **Diminution** in the size of the abdomen is found in emaciation from inanition, in starvation, and in stricture of the œsophagus, in wasting diseases, in cholera.

(b) An **Increase** in the measurement of the abdomen occurs in **obesity**. A considerable deposition of fat takes place, not only subcutaneously, but also in the omentum, round the kidneys, and elsewhere internally. The thick fatty wall can be easily distinguished on grasping it in the fingers, and the navel is retracted. **Œdema** of the abdominal walls is an occasional cause of increased size. It is often associated with ascites, and is recognized by the pitting on pressure and the retracted navel. In case, however, that a fair amount of fluid is free in the peritoneal cavity, the umbilicus becomes flattened, or even projecting. Besides, the excess of œdema in the flanks and back, as compared with the front, facilitates the diagnosis. **Ascites**, when in large quantity, causes a general enlargement of the abdomen (see Fig. 2). Its presence is more accurately determined by means of palpation and percussion (see pp. 14