

discovery if palpated in the ordinary manner : we then employ the method known as **dipping**. By a sudden, unexpected 'dive' of the finger-tips the muscles are taken unawares, and, the fluid being driven to one side, the tumour seems to bump against the examiner's fingers. One must guard against mistaking a contracted muscle for an intra-abdominal tumour ; the sections of the recti muscles are especially liable to deceive one, and the deeper masses of muscles may in some cases mislead. If the recti are persistently contracted, it is sometimes possible to insert the fingers under the edge of the muscle, and so palpate the deeper parts. Rigidity of the abdominal muscles as a whole is found in many healthy persons whose reflex contractions are too readily stimulated by the contact of the examining hand ; such individuals are quite incapable of producing the desired relaxation. Strongly developed abdominal muscles are often a serious hindrance from the same inability to relax ; but it is in painful inflammatory conditions of the peritoneal cavity that the chief difficulty from rigidity occurs. Here the muscles are automatically on guard to protect the damaged organs, and no desire on the part of the patient to assist the examiner will avail to induce the muscles to relax. This rigidity is fortunately in some cases a help instead of a hindrance in diagnosis ; where a localized peritonitis or other painful condition is found, a localized rigidity or 'resistance' of the overlying muscles commonly appears, and this is at times a valuable, and perhaps the only, guide to the nature of the affection. In some cases of rigidity of the muscles it may be worth while to examine the patient under an anæsthetic ; this may also be necessary in cases of abdominal distension in hysterical cases, where an apparent tumour (**pseudocyesis**), occupying the greater part of the abdomen, and consisting of flatulent distension combined with lordosis, disappears as soon as the patient is anæsthetized.

In addition to the palpating hand in front of the abdomen, assistance may be obtained from counterpressure with the other hand placed behind on the lumbar region, just below the last rib ; this procedure is especially useful in examining the hypochondriac regions. At times the prone or knee-elbow position may help. By this means, for example, it may be more surely ascertained if a pulsating abdominal tumour is an aneurism or is a solid tumour transmitting pulsations from the aorta.

Percussion is of considerable value in investigating abdominal