

each touch or stroke a little single wave transmitted through the fluid, and impinging on the fingers on the opposite side. The sensation which it imparts can never be mistaken when once felt; and you should all of you take an early opportunity of making yourselves practically acquainted with it: it will make a clearer impression on your minds than any description of it I can give you. It differs from the spurious vibration of œdema in these three points. In the first place, distance makes no difference to it; it is felt just as plainly completely across the abdomen as half-way—indeed, I think, better; whereas the strength of the vibrations in the spurious form is always proportionate to the shortness of the distance between the part felt and the part struck. In the second place, it consists, not of a quaggy tremor, but of a single wave; the pulse on one side being transmitted unchanged to the other. In the third place, it is evidently transmitted, not along the surface, but through and by the contained fluid.

When I said just now that distance makes no difference to it I should have qualified this expression in one particular, for distance does make a difference as to the *time* at which the vibration is felt; for, if the distance is great, as from one flank to the other, the vibration impinges on the fingers at one side, at an appreciable interval after it has been imparted at the other, the interval being proportionate to the distance. This lapse of time between the stroke and its resulting wave is one of the most striking and characteristic parts of the phenomenon.

From what I have said you will see that a vibration felt near the part struck is of no value as implying the existence of a true so-called fluctuation. It is only when transmitted quite across the abdominal cavity, that it implies the accumulation of fluid in the peritoneum.

b. In the second place, if we have fluid in the abdominal cavity we shall have dulness for percussion in the most dependent parts, and to an extent corresponding with the amount of the fluid. If the patient is supine, the dullest parts will be the flanks; if he is erect, the hypogastric and umbilical regions.

c. Again, the umbilicus, instead of being deep-set, as in œdema, is unnaturally flattened out—indeed, in some instances protruded. The distending fluid dilates the umbilical orifice, and then drives through it a sort of hernia, the fluid within which, acting like a wedge, dilates the orifice more and more, till a considerable dropsical hernia exists, raising the thin integument over it to the size of a walnut, or even half a billiard-ball, through which there is often an appearance of an opalescent transparency, like that of a hydrocele. This appearance however, is exceptional; the