

tremor. This may even be seen, but it is better felt by the hand. It is very important to recognise it, because it may be confounded, and often is confounded, with the true "fluctuation" of ascites. It is best felt in this way:—Place your hand lightly on the surface, and with the fingers of the other hand "flick the skin close by: the peculiar thrill or tremor will be at once felt. And it will be found that the further the hand is removed from the point "flicked" the fainter are the vibrations, until, at at some little distance, they are quite lost. I do not think they can ever be felt quite across the abdomen, from one side to the other. As far as they can be felt, the sensation is as if they were conducted along the surface, and never as if they were conducted through the abdominal cavity. I shall recur to these points presently, in contrasting this spurious fluctuation of œdema with the true fluctuation of ascites.

e. Again, the phenomenon so distinctive of œdema—pitting—is always present. Sustained pressure leaves the impression of the fingers; if we attempt to pinch up the infiltrated integument, by so doing we squeeze the fluid from it; and, on releasing it, depressions are left corresponding with the parts pinched.

f. Another appearance, and one which should always raise a suspicion of œdema wherever you may see it, because it is indeed but another form of pitting, is visible marks of the bedclothes, or folds of the patient's dress, on the skin.

The three first of these signs—the thickness of integument when pinched up, a deep-set umbilicus, and an invisibleness of veins—you get equally in very fat subjects; and for this simple and manifest reason, that fat like œdema, raises the skin, and inserts a material in the subcutaneous areolar tissue. But you will have no difficulty in distinguishing the one from the other; the proportionate distribution of fat elsewhere, the patient's condition in other respects, and, above all, the presence or absence of pitting, will leave no doubt upon your minds.

2. If the effusion is internal—free in the peritoneal cavity—the following signs will be present.

a. In the first place, if the fluid is in any appreciable quantity, sufficient conspicuously to enlarge the abdomen, there will be what is called "fluctuation". This is something very different from that quaggy tremor which I have described as characteristic of œdema of the abdominal wall. I think a better name for it would be "vibration". It depends upon the transmission across the abdominal cavity, from one side to the other, of a vibration imparted by a light stroke. It is best elicited in this way:—Apply your hand to the lateral or inguinal region of one side, and then flick or touch lightly the surface on the opposite side; you will find at