the back, so that the right hand in palpating can easily detect the difference in the resistance on the two sides of the abdomen. (Fig. 1.) A fourth method has recently been described by Dr. McIlwraith, which is especially useful in difficult cases where you have used the other methods and are still in doubt. As a result of palpating the central zone of the uterus by these different methods we can determine the following five points:

1. As already described we can locate the back.

2. We can usually feel one or more small irregular prominences on the opposite side of the abdomen, and the mother will probably tell you that it is in the same part of the abdomen she feels the movements of the child's limbs. Except in twins, finding the small parts in one section of the abdomen confirms the location of the back in the other. Small parts, few and hard to find, suggest an anterior position of the child, especially if they are found at some distance from the middle line. Perhaps you may chance to feel the gentle tap of the feet against the mother's abdominal wall while you are palpating. If these movements and irregular nodules are felt near the middle line, it is pretty strong evidence that the child's back must be against the opposite side of the uterus, which means that we are dealing with an occipital posterior position. (See diagrams 2 and 3 as compared with 1.)

3. In very rare cases we may find that the long axis of the child runs in a transverse direction, and then we feel either the round, hard head, or the broad, irregular breech at the side of the uterus, but this abnormality is so evident that one can usually recognize it at a glance.

4. Having determined upon which side the back is lying, we can go one step further and determine whether the occiput is probably in an anterior or posterior position. If the area of resistance corresponding to the back is followed upwards and downwards, and is found to present a uniform curve with a broad, smooth surface, which runs off smoothly on to the head, it is probable that the child is lying in the first or second position (l. o. a. or r. o. a.), but if the area of resistance is not so broad, is inclined to be straight instead of convex from end to end, and a distinct sulcus is felt where the hand passes over the anterior shoulder and on to the head, it is probable that you are feeling the side of the fetus instead of the back, and this, of course, would mean that you have either a right or left posterior occiput position. (Notice the difference between diagrams 1 and 2.)