MIDWIFERY.

The Bimanual Signs of Early Pregnancy.—Robert Dickinson (*N. Y. Journal of Gynec. and Obstet.*, November, 1893) lays great stress on bimanual exploration for the diagnosis of early pregnancy. Bimanual examination, he observes, sometimes reveals a longitudinal furrow or fold on the body of the uterus. A well-marked variation in density or resistance is found in the body of the uterus in some cases, as though a small almond were lodged in the cavity at the point where the resistance is felt. This dense spot probably denotes the location of the ovum. The longitudinal fold or furrow has been found most commonly between five and eight weeks after the beginning of the last menstruation, and the dense spot from the fifth to the fourteenth week. Dickinson gives six bimanual signs of early pregnancy: (1) Bulging of the body of the uterus; (2) elasticity of the body of the uterus; (3) compressibility of the lower uterine segment (Hegar's sign); (4) a transverse fold above the lower segment. These four signs appear between the fourth and sixth weeks. Between the sixth and eighth appear the two signs above mentioned, namely, (5) the longitudinal fold, and (6) the denser spot. Dickinson believes that compressibility of the isthmus and the change in consistency of the body are probably the most important signs.

The Causes of Shoulder Presentation with Report of Case.—The author cited two cases of shoulder presentation in the same patient, the first proving uneventful owing to the prematurity of the child, but the second labour was attended with all the difficulty of this malposition. This was terminated by the delivery of a large child, which could not be resuscitated.

Among the factors given as the cause of shoulder presentation is the doctrine of Hippocrates and Aristotle, which held sway for many years, that the fœtus sat upright, with its back toward the spine of its mother until the seventh month, when it was either suddenly or very gradually rotated so as to assume the opposite position. Playfair considers a number of conditions as predisposing thereto, among them prematurity of fœtus, excess of liquor amnii, undue obliquity of the uterus, low attachment of placenta, irregularity in the shape of the uterine cavity, more common in multipara than in primipara; accidental causes exert most influence, as falls, or undue pressure exerted on the abdomen by badly fitting or tight stays.

Cazeaux and Tarnier add distortions of the superior strait to the above list. Flanging ilii are considered by some as predisposing factors, likewise the wrapping of the funis about the neck of the child, thereby interfering with the descent of the head. Shoulder presentation is also apt to occur in the second born in the case of twins, and is explained by the laxity of the uterine walls, which is apt to exist under such circumstances.

Discussion.

I examined this patient twice with the pelvimeter and found the pelvic measurements normal. After version had been performed in the second confinement, the child, though an exceptionally large one, passed through the parturient canal and pelvis very readily, proving that there was no reduction in the size of the pelvic diameter.

I had hoped that the primary deformity of the uterus, upon which Wigand and Danyan lay such stress, would receive more consideration in the discussion. This observation has received support from such men as Siebold, Naegele, Schroeder and others. Cazeaux and Tarnier are skeptical on this point, however. Subsequent examination of the case presented failed to reveal any evidence of such a condition.—Dr. Sigmar Stark in *Times and Register*.

Ectopic Gestation.—A. Martin (*Berl. Klinisch Wochen.*, No. 22, 1893) has always held the opinion that owing to pathological changes which had occurred in the tube the ovum was necessarily arrested there, in the above condition was always present and acted as the inciting cause. His opinion has, however, changed, and he now believes that the ovum can never find a place for any attachment unless the mucous membrane is healthy.

The pelvic peritonitis, so frequently met with in extra uterine gestation, is regarded by him as a secondary complication, incident to the growth of the ovum.

The cases recorded as primary abdominal preg-