a thin sheet. Care should be taken to have the bladder, and, if possible, the rectum, empty. The examiner, after carefully warming his hands, to make the tactile senses more acute, and to prevent reflex contraction of the abdominal and uterine muscles, takes up his position at the patient's right side so that he can palpate with his right hand, while his left controls the fundus. It is of the greatest importance to get the confidence of your patients, so that they will aid you as much as possible by allowing their abdominal muscles to become completely relaxed. As a clinical fact you will often find that they will give the best relaxation when asked "to let their stomachs fall in." (McIlwraith.) It is also important that you should use very light pressure in palpating until she becomes accustomed to the situation, because if once she becomes alarmed her muscles will immediately go on guard, and so defeat your purpose.

Let us now imagine that we have a patient ready to be examined, and I will endeavor to describe in a clinical way the various grips used, and enumerate the different points that we may expect to demonstrate as we proceed with the examination, so that we will be in a position to make a diagnosis by the process of exclusion.

I. In making an examination we seem to instinctively fall into the habit of trying to locate the back first, and as the great majority of cases are normal, we generally expect to find it on the left side. As the most prominent part of the back is opposite the umbilicus, we always start to palpate in this locality, and hence this is known as the umbilical grip. We first place one hand on either side of the uterus. Now move them synchronously, first towards one side and then towards the other. By this means it will be found that greater resistance is offered to the hand on the side against which the back is lying. If this is not satisfactory, place one hand flat upon the abdomen so as to be over the centre of the uterus. Now press directly backwards. This will have a tendency to displace the fetus to one side of the amniotic sac, and the liquor amnii to the other. The free hand can now palpate both sides of the abdomen. On one side you will feel the firm resisting back, while on the other side you get a doughy sensation due to the fluctuations of the liquor amnii. If we are still in doubt, we grasp the upper fetal pole with the left hand, and as the lower pole of the fetus is fixed against the pelvic floor, if we press downwards towards the pelvis on the upper pole, we will produce a more marked flexion of