begins to soften by the end of the fourth month; by the end of the sixth month one-half is thus altered; by the eighth the whole of it. The os is generally patulous. (Playfair.)

17. *Diagnosis of pregnancy by external manipulation.*—By inspection we may learn the general contour or the abdominal enlargement, whether it be of the usual pear shape or broader, as is the case with shoulder presentations. Where there are twins, side by side, there is usually a depression or sulcus between them, and the uterus is broader transversely. If the twins be placed one in front of the other, no difference can be noted in the breadth of the uterus.

18. By percussion we make out the outlines of the uterus.

19. By palpation we feel the outlines of the uterine tumor, the prominent parts of the child, the round, hard, bony head, the soft breech, the knees, the feet, the elbows, the round arched back and the movements of the child.

20. By auscultation we may learn the condition, the presentation, the position, and the sex of the fœtus and the location of the placenta. (Wilson.)

21. The position of the fœtus is generally head downward, and breech towards the fundus uteri. (Playfair.)

22. *Spurious pregnancy.* Pregnancy is simulated by pelvic or abdominal tumors, obesity, ascites, tympanites, distention due to retained menstrual blood, amenorrhœa, etc. A careful physical examination is the only guard against a mistake. (Munde).

23. *Abnormal pregnancy,* extrauterine gestation —early treatment, the faradic current, late treatment, laparotomy—is very dangerous. Molar pregnancy, be it hydatiform, carneous or spurious, calls for complete removal of the mass. Hydramnois may necessitate premature delivery. (Munde.)

24. *Disorders of Pregnancy.* Vomiting of pregnancy, as a rule, needs no treatment, but, if excessive, it is relieved the quickest by the application of cocaine and vaseline (one in fifty) against the os uteri, and by one-sixteenth of a grain of cocaine, internally, frequently repeated. When vomiting of pregnancy becomes so persistent that it resists all treatment and threatens to destroy the pregnant female, abortion or premature labor may become necessary, but should never be undertaken without a consultation. (Munde.)

25. Anæmia—the best treatment for this is good food, light, air, exercise, iron and arsenic, and removal of the cause if possible.

26. Plethora may call for saline laxatives and restriction of albuminoid food.

27. In constipation direct a regular hour of the day for going to the closet, and give compound licorice powder, or cascara sagrada, or enemata.

28. Diarrhœa should never be neglected, as it may lead to abortion or premature labor. Give paregoric and tincture of catechu, or acetate of lead, opium and ipecac, keep the patient quiet.

29. Leucorrhœa calls for vaginal washing with carbolized tepid water.

30. Pruritus, which may be general or local, treat with soda baths if the former, and, if the latter, treat with carbolic acid in glycerine, nitrate of silver in mild solution, cocaine in rose water, hydrate of chloral in water, etc.

31. Frequent micturition may often be relieved by an abdominal supporter. See also incontinence of urine. Strychnia, belladonna, or cantharides may be tried in both troubles.

32. In varicose veins, besides applying a flannel bandage or a silk stocking, instruct the woman how to apply a compress and bandage in case of rupture of a vein, as the hemorrhage may be great.

33. Diabetes, albuminuria, jaundice, neuralgia, hemorrhoids, etc., during pregnancy, call for the same treatment as when occurring at other times.

34. Uterine displacements call for replacement, followed by the application of an appropriate pessary and supporter.

35. False pains may come on at any time during pregnancy, and cannot be told from true pains, except that the former are relieved by opium.

36. High temperature in the mother is not necessarily incompatible with fœtal life.

37. *Immature Delivery.* Abortion is the expulsion of the ovum before the formation of the placenta (twelfth week); miscarriage its expulsion before the period of viability (twenty-eighth week;) premature delivery, its expulsion between the twenty-eighth and thirty-eighth week. (Munde.)

38. Causes of immature delivery are predisposing, dependant on constitutional affections, and exciting, dependant on mechanical and emotional violence. Symptoms are pain and hemorrhage and dilation of the os uteri. Dangers to mother from sepsis, fatal hemorrhage, perimetric inflammation, carneous moles. Dangers to child—want of viability.