

followed another as to the advisability of wearing rubber gloves, but to-day it is a rare sight to see a surgeon start an operation in Toronto hospitals without doing both these things. On their side, the obstetricians have not been slow in following these discussions, and in adopting the disinfecting of their hands, the careful preparation of the patient, and even the wearing of gloves, especially where they have been exposed to infection from pus organisms. Yet we should go one step further, as we can greatly reduce the liability to infection by depending almost entirely upon abdominal examinations instead of vaginal for diagnostic purposes. To show that recent writers are beginning to appreciate the importance of this method of examination, I quote the following from Dr. Whitridge Williams' latest book on obstetrics: "Under ordinary circumstances external or abdominal palpation is the most reliable and valuable, *and I should unhesitatingly choose it were I restricted to one single method of examination.* In trained hands it enables one to make a satisfactory diagnosis *without danger of infection*, and with the least possible discomfort to the patient, *and it is not going too far to say that its popularization forms one of the greatest advances in modern obstetrics.*"

Before starting our examinations we should have some idea as to the relative frequency of the different presentations. According to Shroeber's statistics, based upon several thousand cases for all periods of pregnancy, vertex presentations occur in 95, breech in 3.11, transverse in .56 and face in .6 per cent. We can see from this that we must always bear in mind the great preponderance of normal presentations before giving a final opinion as to the nature of the labor, but although we are comparatively safe at any confinement, in assuring the friends that everything is progressing favorably, still, unless we have made an accurate diagnosis, some day when we least expect it, we will be caught napping. This is not such a serious affair as it might seem at first sight to the city practitioner, because he can go to the phone and in a few minutes he can have skilled assistants to help him, but not so with the country practitioner, because he must depend upon his own resources to help him through with a bad case.

#### PREPARATION OF THE PATIENT.

She should be lying in a horizontal position on a hard table or bed. The abdomen may be fully exposed or covered with