

round, globular mass corresponding to the head. In my small experience, when once I could feel that hard cannon-ball with the tips of my fingers, I felt as if I had progressed a long way in the diagnosis, because you are sure that you have a head presentation, and if it is engaged so well that you require the deep pelvic grip to feel it, you may be comparatively safe in thinking that you either have a normal presentation, or else you have a sufficiently roomy pelvis to accommodate the head in its malposition. The same rule applies here as in the superficial pelvic grip as regards the relative position of the occiput and chin, and is concisely stated in the following phrase: "That side on which the hand descends furthest is the side to which the back is directed, in a normal presentation, because the chin will be flexed and the hand will go down further on the side of the occiput."

*Auscultation.*—Auscultation of the uterus as a means of diagnosis is entirely a product of the nineteenth century. In 1818, Mayor, of Geneva, announced that the pulsations of the fetal heart could be heard in advanced pregnancy, by the ear applied to the abdomen of the mother. His discovery did not at first attract any great attention, and it was not until 1847 that Depaul described the practice of auscultation as a means of diagnosing the presentation of the fetus.

From the time of Depaul onwards the practice of auscultation has steadily increased in popularity, as a means of diagnosing, first, the *existence*; second, the *life*; third, the *presentation and position* of the fetus; fourth, the *probable situation of the placenta*, and fifth, *twin pregnancy*. It can be carried out in three ways:

1. By placing the ear upon the abdomen. This sometimes enables you to hear heart sounds that you would not be able to catch with the stethoscope, but I have always found that I could not localize them very satisfactorily by this method.

2. By using a stethoscope. This I have always found to be the most satisfactory, especially if you press rather firmly against the abdominal wall, as it then makes a solid medium which is better for conduction. With this method you can localize the sounds, and this is very important in diagnosing the position of the fetus.

3. I believe that Dr. Fenton prefers the phonendoscope, and that it should only be placed lightly upon the surface of the abdomen. He claims that he can hear sounds by employing this method that would not be detected by the other methods.

*Fetal Heart Sounds.*—These are sounds exactly similar to