

to the manner in which the uterus is acting, and secondly, by noting their course as pointed out by Palm and Leopold, we are enabled to diagnose the position of the placenta in about eighty-eight per cent. of all cases. When the round ligaments are found converging towards the fundus of the uterus, the placenta is usually situated in its normal position upon the posterior wall, whereas, when they are parallel or diverging, the placenta is situated between them on the anterior wall.

12. During labor palpation also gives us valuable information concerning the lower uterine segment, when there exists some obstruction to the passage of the child, or some malposition of the fetus. You can sometimes notice in these cases that the retraction ring (the junction of the lower dilating part and the upper retracting part of the uterus) will be felt as a transverse ridge extending across the lower portion of the uterus. When it rises one and one-half inches above the symphysis it constitutes one of the signs of threatened rupture of the uterus, but here we must always exclude an extended bladder.

13. The location of the placenta, when implanted anteriorly, can sometimes be determined in external examination. The convex margin can occasionally be felt as a resisting ring, or you may notice that within the placental area the fetal parts are obscured to the touch.

Just here I might mention that I do not assume that the beginner will make out all these points, nor even that an expert can make them *all* out in *every* case, but if one will only take the trouble to examine every case that comes under his observation, he will soon become very expert, and by summing up all the points that he can demonstrate in each particular case under observation, he will rarely fail to make a correct diagnosis.

*Deep Pubic.*—To make this grip the examiner must turn around and face the patient's feet. He then places his hands over the abdomen so that the finger tips are just above Poupart's ligament. Wait for a moment or two, to catch the muscles off their guard; in the meantime ask the patient to take a full breath and then let it out. As the diaphragm ascends and the abdominal muscles relax, gently but firmly sink your fingers downwards and backwards under the pubic arch. This grip is only to be used after the presenting part has engaged, so your fingers will either come in contact with a large, soft, irregular mass corresponding to the breech, or the tips of your fingers will come in contact with a smooth,