

III. *Methods of Exploration.*—The various methods of exploration which may be used for examining the internal as well as the external genital organs of women are furnished by the different senses, but especially by the touch, the eye and the ear, and may be classified in the following manner :

1st. Touch	Immediate	Abdominal palpation. Percussion. Touch { the vagina. the rectum.
	Mediate	Double touch (the vagina and rectum touched at the same time.) The vaginal touch combined with abdominal palpation or bimanual exploration. Uterine catheterism. Vesical catheterism.
2d. Sight	Immediate	Inspection. Speculum. Examination of liquids drawn off by aspiration.
	Mediate	Microscopic examination of liquid and solids taken from parts affected. Sounds depending on pregnancy. Sounds depending on circulation in fibrous tumors.
3d. Hearing	Stethoscope	Crepitation.
	Immediate Mediate	Sounds perceived directly by the ear and produced by percussion.

CHAPTER II.—TOUCH.

The touch, that is to say, the exploration of a natural cavity by the aid of one or more fingers properly introduced in the rectum or vagina alone, or in both cavities at the same moment, it may be employed singly or combined with abdominal palpation. The following divisions in which this method may be usefully employed may be thus enumerated:

- 1st. *Simple vaginal touch.*
- 2d. *Vaginal touch combined with palpation or bimanual exploration.*
- 3d. *Rectal touch.*
- 4th. *Double touch, vagina and rectum are touched at the same moment.*

Within a recent period, Weiss and Simon have insisted on the merit of the *vesical touch* or the *digital exploration of the bladder.*

I. *Vaginal Touch (Simple).*—*Position of the Woman.*—The vaginal touch is practiced with the

woman either standing on her feet or reclining on a lounge. Under some circumstances the examination should be made in each of these positions, for the purpose of exactly appreciating the situation of the organs and the modifications induced by the influence of gravitation; however, the examination in the standing posture should be the exceptional one, and may be considered as a complimentary measure.

In order to practice the touch standing, the woman should support herself against some piece of furniture, the thighs moderately separated, the body inclined forward in such a manner as to relax the abdominal muscles; a very good plan is to have the patient lean forward holding on the back of a chair, resting her hands upon the shoulders of the examining physician who is on his knees before her, or seated upon a low stool.

In order to practice the touch where the woman is reclining, we have to choose between the different positions. The best and most simple of methods consist in placing the patient flat on her back, the thighs slightly flexed upon the abdomen and moderately separated, and the head raised by a pillow; it is also advisable not to permit the pelvis to sink very deeply into too soft a mattress as, when this happens, the hips have to be raised up again and supported by a bolster.

This is the position almost universally adopted in France and the European continent and likewise in America.

The English prefer the *left lateral position*, that is to say, the woman rests on her left side with the thighs slightly flexed upon the abdomen; this is also the English position in childbirth. But if this position presents some advantages in the exploration of the posterior part of the pelvis, it offers serious inconveniences in the examination of other portions and, moreover, cannot be used for the simultaneous application of abdominal palpation, and should, therefore, be rejected as a general rule, or at least only resorted to in certain special cases. If this examination, when completed, is to be followed by other methods of exploration, the woman should lie across the bed, as in that position the speculum is commonly used.

Method of Proceeding.—The woman being placed in the sacro-dorsal position, the surgeon, after anointing the index finger of his right hand with some fatty substance, such as olive oil, glycerine, comoline, or vaseline, raises the bed-covers slightly with his left hand and carries the right hand and forearm forwards between the thighs of the patient, in such a way that his right elbow may rest slightly upon the bed; this movement may be made without uncovering or exposing the woman.

At the moment when the right hand is thus passed under the bed-clothes, the thumb is abducted, the index finger stiffly straightened, and the three remaining fingers flexed in the palm of the hand, which rests on the side, its radial