cases requiring operative interference, with safety to the patient or satisfaction to himself, unless he thoroughly masters the subject.

Thus appreciating a knowledge of the mechanism of labor, we have read with much pleasure a contribution to the study of the subject by Dr. Henry D. Fry, of Washington, entitled, "The Function of the Coccyx in the Mechanism of Labor" (*Amer. Journal of Obstetrics*, Dec., 1888). Dr. Fry states that obstetricians in general attribute no function whatever to this little bone, except to get out of the way of the advancing head, and thereby to increase the antero-posterior diameter of the interior strait. It is not even supposed to possess any obstetrical importance unless it rudely refuses to be pushed aside. He believes, however, that the coccyx has a distinct function to perform and that only after it has performed it does the bone recede before the advancing head. According to Dr. Fry, the function of the coccyx in labor is to cause extreme flexion of the head—in anterior positions of the vertex—at the inferior strait, whereby the escape of the occiput from beneath the pubic arch is facilitated, and the sub-occipitio-bregmatic diameter of the head is brought in relation with the antero-posterior diameter of the pelvis, instead of the longer occipito-frontal, or occipito-bregmatic diameter. When the head reaches the inferior strait in normal labor it is not in extreme flexion. But as the head advances the brow meets with the resistance of the coccyx, its advance is arrested and the occiput descends. The resistance of the coccyx keeps up flexion until the occiput escapes from beneath the pubic arch and the nape of the neck becomes fixed against the symphysis pubis, when, since the occiput can advance no further, the force of the expulsive efforts is transmitted to the brow, overcoming the resistance of the coccyx and causing extension of the head with delivery of the brow and face.

While these views of Dr. Fry seem to be but a slight modification of the view that this last exaggerated flexion of the head is brought about by the resistance of the pelvic floor against the advance of the frontal region of the head—because the resistance of the normal coccyx must be equal to the resistance of its muscles—yet it is well to have the fact insisted upon that exaggerated flexion of the head does occurr during the escape of the occiput, and prior to extension of the head. Because, while usually admitted, its bearing upon the proper management of the close of the second stage of labor is not generally appreciated. Having in mind the mechanism of passage of the head through the inferior strait and soft parts, the practitioner is enabled intelligently to manage this stage of labor, favoring flexion or extension of the head, and retarding or accelerating its advance by his manipulations as the circumstances indicate, all being done in accordance with, instead of in opposition to, the natural mechanism of labor.—*Editor Med. Surg. Reporter.*

EARLY SIGNS OF PREGNANCY.

There are probably very few physicians who have not at times felt the need for some trustworthy means of deciding upon the existence or absence of pregnancy at a time when if present it could not be far advanced, and when it is too soon to expect to hear the sounds of the fœtal heart or to obtain the confirmation of *ballottement*. In this country Hegar's sign of pregnancy, which has been well described by Dr. A. K. Bond, in an article in the *Maryland Medical Journal*, in the early part of this year, has not received the attention it deserves, and American physicians have failed to appreciate or at least to practice, Hegar's method.

This sign is to be determined by combined rectal and abdominal examination. It consists in the detection of an unusual softness, thinning, and yielding condition of the lower uterine segment—that is, of the part immediately above the insertion of the sacro-uterine ligaments. This condition of the part is perceptible whether the rest of the body of the uterus feels firm and hard, or soft and elastic. Even in the latter case it is always possible to compress the lower uterine segment, to draw it out to a certain degree with the fingers, and so to distinguish it from the part above it; while below, the cylindrical cervix of firmer consistence is felt distinctly coming off from it. The yielding and flaccid condition of the part may be so great that one may doubt whether there is any connection at all between the neck and the larger swelling in the abdomen or pelvis. This is especially true when pregnancy occurs in uteri with hypertrophic elongation of the cervix; and even laparotomy has been done under the mistaken idea that the pregnant corpus was a tumor, independent of the uterus. The condition referred to depends upon the fact that the lower uterine segment, as the thinnest part of the corpus, on account of pregnancy, becomes succulent, of looser texture, thinned and extremely elastic. According to Reine, "failure to find this, however, in no way excludes pregnancy, since it is easy to see that with marked chronic infarctio uteri (hyperplasia), pregnancy may exist without rendering this condition of the lower uterine segment very evident."

There is another useful sign of pregnancy which depends upon the well-known fact that, in the first eight eight weeks of pregnancy, the principal enlargement of the uterus is in the antero-posterior diameter of its corpus, while the cervix undergoes scarcely any change, except a superficial softening at the external os. The direction of the enlargement of the body of