

in the flank. *When the head is low down in the pelvis* the heart is best heard over the chest of the child instead of over its back as usual. Thus, in an O.D.P. position, when the head is low down, the heart is heard in the lower *left* quadrant in the position which usually indicates an O.L.A.

*Face Presentations.*—In these the heart is heard over the chest of the child and not over its back. This is expressed clinically by saying that one feels the limbs and hears the heart of the child on the same side of the abdomen. The prominence of the occiput above the brim is very marked.

*Signs of Threatening Rupture of the Uterus.*—There may be found, standing out from the sides of the lower part of the uterus, two rounded tense cords—the round ligaments. Owing to the dextro-rotation of the uterus the left ligament is to the front and is the more easily palpable of the two; indeed it is often the only one that can be felt. It must, however, be said that these round ligaments sometimes stand out quite markedly when the patient is not in labor at all.

*Multiple Pregnancy.*—More than one body may occasionally be made out, or two or more fetal hearts of different rates be heard. This condition escapes diagnosis much more frequently than one would suppose possible.

*Diagnosis of Fibroid Tumor with Pregnancy from Twins.*—The tumor is hard compared with the rest of the uterus. Intermittent contractions are felt in the uterus but not in the tumor. Heart sound heard over the uterus but not over the tumor.

*Diagnosis of Labour.*—By laying your hand on the uterus you may feel in it intermittent contractions. If these contractions are painful labour is present. If the patient complains of pain when the uterus is relaxed it is generally colic and not labour.

*Importance of Fixation of the Head.*—If the head be fixed low down in the pelvis it indicates the absence of contracted pelvis or placenta prævia. In a primipara the head generally fixes at least two weeks before labour. In a primipara, therefore, a head that is moveable above the brim at the onset of labour usually means contracted pelvis. In multiparæ, on the other hand, the head frequently does not fix until the beginning of the second stage.

Many more claims have been made for abdominal examination, the correctness of which time and further experience may or may not demonstrate. All those which I have referred to have become established in our hospital and private practice and their value amply proven. In conclusion I may point to two things which cannot be made out by abdominal examination, viz:—The state of the os and soft parts, and presentation or prolapse of the cord.