

4. If the patient is not in labor, and if the presenting part fills the brim, it can only be a vertex. (Pinard.) Normal primiparæ are generally engaged for three or four weeks before labor, while multiparæ are sometimes not engaged until the membranes rupture.

5. If the patient is in labor, and the head is past the brim, the resistance experienced by the fingers may also be due to some portion of the fetal trunk, which has become, or is becoming impacted within the pelvis. In such a case, the part of the fetus which is most usually felt is formed by the shoulder and a part of the back, and the head, or presenting part, would be on or near the perineum.

6. As a general rule, we may say that in primiparæ the head is generally fixed during the last three or four weeks of pregnancy, while in multiparæ it may not be fixed until the beginning of labor, owing to the greater relaxation in the bladder of the abdominal muscles. "So that, if we meet a case in which the head ballots freely above the brim at a time at which it should be fixed, pelvic contraction is the first condition to be thought of." (Jellett.) Other conditions which tend to prevent fixation of the head are: Pendulous abdomen, placenta previa, face or brow presentation, occipital posterior presentation, or a hydrocephalic head.

7. In using the superficial pelvic grip the most prominent part of the head is on the same side as the small part in a normal case (Diagram 1), and on the same side as the back in abnormal or face presentation. (Diagram III.)

8. The degree of ease with which the prominence is felt indicates the extent to which descent has occurred, but only an abnormal or face presentation. (Diagram 3.)

9. Sometimes the relative size of the child and its head can be roughly estimated, *e.g.*, hydrocephalic head.

10. You can often locate the anterior shoulder while using this grip, the shoulder on the left side of the median line indicating a left position of the fetus, and on the right side of the median line a right position of the fetus. The anterior shoulder, when near the median line, indicates an anterior position, and a distance from the median line an occipital posterior position.

11. During uterine contractions, on careful palpation in the region of the internal abdominal ring, one can often distinguish a round cord on either side (the round ligament), from which important information may be obtained. In the first place the intensity of the contraction gives us some idea as