

6. When the uterus is lax and the child is floating about in the liquor amnii to an extent that makes it impossible to fix it in the manner described, its outlines may often be made out by pressing firmly in the centre of the abdomen, displacing the water to one side and the child to the other.

7. By abdominal examination also the full bladder is easily discovered both before and after labor.

AUSCULTATION.

The palpation findings should now be confirmed by auscultation. I find that the most satisfactory plan is to stretch a sheet smoothly over the abdomen and apply my ear. I have never had a patient raise any objection to this procedure. Many physicians prefer to use the stethoscope or phonendoscope. Instruments are better for determining the point of maximum intensity of the fetal heart sounds, the ear alone for discovering a heart that is hard to find. When the point of maximum intensity is in the lower left or right quadrant of the abdomen, the O.L.A. or O.R.A. positions respectively are indicated, when in the upper left or right quadrant the S.L.A. or S.R.A. positions respectively. Remember that when the head is downwards, but still freely moveable above the rim, the heart may be heard as high as the umbilicus..

When the diagnosis as made by palpation differs from that made by auscultation the former is generally the better guide. Only this morning I examined a woman in whom the position was evidently S.R.A., yet the heart was best heard below the umbilicus and out in the right flank—a point of maximum intensity which would indicate an O.D.P. The uterine may be distinguished from the funic souffle by the fact that the former is synchronous with the maternal pulse, the latter with the heart beat of the child. The beating of the abdominal aorta is often heard and felt. The funic souffle is said by some to be due to knots in or pressure on the cord, and therefore to be of pathological significance for the child. I have heard it many times but the child has always been all right.

Such then is the ordinary examination.

DIAGNOSIS OF SPECIAL CONDITIONS OR POSITIONS.

Posterior positions of the occiput.—If the back be to the right one suspects an O.D.P. position on account of the tendency of the head to engage in the right oblique diameter. The limbs are usually much more in evidence than when the back is anterior; where the back is usually felt you feel the curving outline of the side; and the back itself may often be felt far round in the maternal flank. On auscultation the fetal heart may not be heard at all; at other times it is heard far out