

child (uterus) to that of the mother's abdomen, and find which foetal pole is at the brim. A simple laying on of hands will be sufficient for the first, while slight practice, aided by a recollection that nineteen times out of twenty it will be the head, simplifies the second.

(2). Find the child's back. Inspection will often suffice, particularly if the child's limbs be excited into action by flicking the abdomen with the fingers or a little cold water. An excellent diagnostic method is as follows:—Steady the uterus in the median line, i.e., directly over the vertebral column, and make firm pressure with the ulnar surface of the extended hand in the median line. The uterus will then be displaced towards the side to which the back is directed. Confirmatory evidence is obtained by the palpation of foetal members when their movements cannot be perceived.

(3). Locate the bulk of the foetal head. This is important only in head presentations. Grip the head or palpate it with the outstretched hand, and note, by reference to the middle of the symphysis, on which side it bulks largest. If the bulk is on the opposite side from the back, again, nineteen times out of twenty, the head must be flexed.

(4). Note whether the most prominent part of the head lies far back in the pelvic inlet or well towards the symphysis. If it be forward the dependent portion must be back and conversely.

The diagnosis is expressed in terms of the relation of the lowest pole of the foetus to one or other side of the mother's pelvis in either its posterior or anterior quadrant.

In flexion the occiput "O," in extension the chin "M," and in breech the sacrum "S," is either directed to the right or left and is either anterior or posterior: occiput left anterior, O. L. A., or L. O. A., etc.

Where the child lies transversely there is no mechanism of labour, the situation is abnormal and must be treated accordingly.

The maximum intensity of the foetal heart may be taken as confirmatory evidence of any diagnosis. Remember that the heart is usually best heard over an area corresponding to the angle of the left scapula which in breech presentations lies above the level of the umbilicus. In L. O. A. and R. O. P. it is best heard over an area midway between the umbilicus and the left and right anterior superior spines respectively. In R. O. A. it is heard near the median line, and in L. O. P. with difficulty in the left flank. The auscultation of the foetal heart is not an intellectual feat.

The appended diagrams are self explanatory.