fess that I do not care to trust too much to the tip of my finger for the recognition of the position of the head. Early in labor the presenting part is too high for satisfactory examination, while late in labor the caput tends to obscure things. When it is necessary to make a careful diagnosis per vaginam, I prefer to anesthetize the patient and pass as much of my hand into the vagina as is necessary to allow me to feel some feature sufficiently distinctive to settle the matter beyond all doubt.

By making a diagnosis before labor has set in, which, in the vast majority of instances will be correct, one can reduce the number of vaginal examinations to a minimum, greatly to the comfort and safety of our patients.

Post-partal Examinations.

These will, of course, include the ordinary examination of temperature, pulse, etc., which give us valuable information as to the general condition of the patient, but no special information as to the progress of involution.

Examinations for the purpose of determining the size of the uterus on successive days of the puerperium, was first done by Charpentier, of Paris (1880), who first attempted to do so by the daily use of the sound, but shortly abandoned that method for the pelvimeter, which he used by introducing one arm into the vagina, holding it against the cervix, while an assistant placed the other end on the fundus. Such procedures were too difficult and dangerous to secure general adoption, and consequently died an early death.

It was not for another fifteen years (1895) that anything further appears to have been written on this subject, when Drs. T. B. Stevens and W. S. A. Griffith reported before the Obstetrical Society of London the results of their investigations.

Their measures were external entirely, that part of the uterus lying above the symphisis being measured both vertically and transversely, the former being the more important and reliable. The instrument used for the taking of the measures was an ordinary two-foot rule.

In the following year McCann (*Brit. Med. Jour.*, 1896), recorded the results of observations made by him on the progress of involution. He used an ordinary tape-line and measured from the symphisis to the top of the fundus in the middle line.