

at all for its outline is concave towards that side, and you are pressing into the concavity. These two signs, then, will generally enable you to determine the position of the back of the fœtus.

2. The fingers of the examining hand now practice a sliding palpation upwards along the curve of the back. If the curve be uninterrupted to the fixing hand, the position is breech to fundus, or head presentation. Following now the curve of the back downwards in a similar manner you will often detect an area of diminished resistance which corresponds to the interval between the back and the head, the head being generally felt as a rounded hard mass lower down. If, on the other hand, the curve be uninterrupted in the downward direction and the sulcus near the upper end you have a breech presentation.

3. You may confirm this finding of the head at fundus by the process of ballotement. Place the palms of the hands firmly on either side of the abdomen below the sulcus, so as to hold the child between them, and toss the part above the sulcus back and forth between the tips of the fingers. If it can be made to move thus independently of the part fixed between the palms it is the head. When the child is large and tightly packed in the uterus the head cannot be ballotted in this way. When the head is low down in the pelvis the shoulders rest on the brim, and you may not find the sulcus because of not feeling the head below. Where the head is fixed in the brim it cannot, of course, be ballotted. Yet the body may be made to move independently of it.

4. Turn now so as to bring your left side to the bedstead, and face towards the patient's feet; place your hands on either side of the abdomen so as to hold the lower pole of the fœtus between their palmar surfaces, and press the finger tips downwards into the true pelvis. If the hands be kept close to the body of the fœtus, the hand which lies on the back of the child will slip readily downwards past the occiput, but the other will be stopped by the flexed face. This hand usually meets the chin, which feels somewhat like a small horse's hoof. This furnishes another indication of the direction of the back. By this grip one may determine the degree of fixity of the presenting part, and the downward progress of the head during labor.

5. Pawlic's grip for examination of the lower pole of the fœtus.

This is a single-handed grasp of the presenting part. The tips of the fingers on one side and the thumb on the other are dipped in just above Poupart's ligaments and the presenting part grasped. A good idea of its fixity and shape may thus be obtained. In very stout women the finger and thumb tips should be placed first on Poupart's ligaments and then pressed gently upwards under the pad of fat which covers the abdomen like a cushion.