

ever, vaginal examination sometimes gives valuable aid. The first circumstance to excite suspicion on examination, even with the os undilated, is the absence of a hard, globular mass felt through the lower segment of the uterus, so characteristic of the head. Personally, I never bother with the fontanelles and sutures, except to note their presence and that marked separation of the head bones indicates a hydrocephalic head, as they are so often unreliable. In a breech case you get a much softer presenting part, offering three points of bony resistance formed by the tuberosities of the ischium and the tip of the coccyx. Its surface markings are the aperture of the anus and the external genitals. It must be diagnosed from a face presentation, but here you have the characteristic aperture of the mouth with its bony ridges for the teeth, and the fact that the anus does bite or grip your finger. (Dr. Adam Wright.) Lastly, in cases of doubt, where the cervix is well dilated, you can make sure of your diagnosis by introducing your hand into the cervix and feeling for an ear, etc. Be careful that the ear is not doubled upon itself.

*The Course and Progress of Labor.*—1. The progress of labor is best determined by noting the descent of the presenting part. In the early stages this can be determined by measuring in finger breadths its height above the pelvic brim.

2. After the chin has disappeared below the pelvic brim the rate of advance can then be determined by the deep pelvic grip until it has descended almost to the perineum, and by that time you can ascertain the amount of descent by noticing the amount of the bulging of the perineum until you feel the resistance of the presenting part.

Jellett says that this is a very much more reliable method of determining the advance of the head than is a vaginal examination, because in all cases of delayed labor with strong uterine contractions the caput succedaneum hourly increases in size and bulges downwards more and more; consequently we may be led when making a vaginal examination to attribute the diminished distances between the caput and the perineum to the descent of the presenting part instead of, as may be the case, to the increasing size of the caput.

In conclusion, I will briefly state the advantages of external palpation over repeated vaginal examinations:

1. It can be performed at any time before the beginning of labor without the use of an anesthetic. You can send your patient word that you will call upon her at a certain date, and request her to save a specimen of urine.

2. No patient can object to it upon the plea of indecency.