It would be superfluous for me to describe the method of making abdominal examinations since many here are familiar with the procedure, while those who have not been in the habit of making them can find full descriptions in any recent text-book on the subject.

A point which has been frequently raised in connection with the diagnosing of position and presentation by external examination about the beginning of the ninth month, at which time I would advocate it, is the fact that not infrequently the position will have changed before labor commences, and that, therefore, That is not of the information one has obtained is unreliable. much consequence, since the changes in the position of the fetus, which occur in the last two or three weeks, are usually from what one might term abnormal, to normal positions. Thus an occipitoposterior may change to an anterior, or a breech to a vertex, but seldom the reverse. Having examined, at the end of the eighth month, and found a vertex presentation in an anterior position, one can almost bank on it that the same condition will be found at labor; if, on the other hand, there be not a vertex presentation, or if the position is posterior instead of anterior, such may be found to have changed before or in the early part of labor. The knowledge that two or three weeks before there was an abnormal position or presentation, will put one on his guard, and he will be careful either to corroborate his previous diagnosis or ascertain by sure and certain signs what change in the position of the child has occurred in the interim. But not only can one diagnose the position and presentation of the child with greater ease and certainty, and less disturbance of his patient by external than by vaginal examination, but in formation as to the condition of abdominal wall, tumors, multiple pregnancy, dead child, etc., may be gathered which cannot be learned per vaginam at all, or only so late as to be of little service.

Vaginal Examinations.—Having made the diagnosis of position and presentation early in the ninth month and verified it, if possible, by the same method on first seeing the patient in labor, I make a vaginal examination, mainly for the purpose of ascertaining the condition of the cervix.

While one can distinguish between a vertex and non-vertex presentation per vaginam without difficulty as a rule, I must con-