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## ON ABDOMINAL EXAMINATION.\*

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**M**R. *President and Gentlemen.*—I wish to call your attention this evening to the development of the abdominal method of examination, and the causes which have led to it. Something of what I have to say is known to all of you, all of it to some of you. My object is to lay a systematic method before you and to emphasize the importance of it.

The more or less efficient methods of hand sterilization, and the use of rubber gloves, have reduced to a minimum the danger of contagion from the attendant's hand *per se*, but no equally efficient means has, as yet, been devised for sterilizing the vulva. There remains, therefore, the danger of carrying germs from this site into the vagina and uterus. Until this danger has been eliminated vaginal examination can never be quite safe.

By the systematic abdominal we, to a very large extent, obviate the necessity for the vaginal examination. That is the first strong reason for its adoption. The second is that we can make our diagnosis by abdominal examination long before the cervix is open. Systematic abdominal examination may be carried out as follows:—

1. First warm the hands. Then, standing by the patient's right side feel with the left hand for the foetus. This will not always coincide with the top of the uterus, so be sure to find the foetus. Having found this fix the body by pressing firmly in a direction parallel with the long axis of the mother's body, so as to press the lower end against the pubic bones. This makes the back of the foetus arch out against the wall of the abdomen. Keeping the body fixed in this way press now, firmly, in turn on the lower left and right quadrants of the abdomen with the right hand. Over the back of the child a greater resistance is felt than over its abdomen; also pressure on the back causes the upper pole of the foetus to slide under the fixing hand at the fundus, while pressure over its abdomen does not do so. The explanation of these two signs is the same, namely, that when you press over the back you are pressing directly on the foetus, for its back is arched out against the abdominal wall, whereas on the other side you scarcely touch the foetus

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