

vagina so that it is hard to find with the examining finger, beware, as you will often meet this condition in malpositions of the fetus, especially occipito posterior positions. Having found your cervix, notice the amount of dilatation that exists, and whether the cervix itself is soft and dilatable, or hard and rigid. At the same time run your finger around the edge to see if there are any old tears in it. Another point to be noticed is the presence of a placenta previa, either marginal, partial, or complete. Always be prepared for trouble when the head begins to descend through the canal and pushes the undilated cervix before it.

4. If the cervix is dilated, notice the condition of the membranes. Does the probable stage of the labor, the amount of dilatation of the cervix, and pouching of the membranes seem to correspond, or does there seem to be something irregular about them? In a primipara, in a breech case, or, in fact, in any malposition, the presenting part will not fit accurately into the cervix. This allows the whole force of the uterine contraction to come upon the liquor amnii, and it, of course, tries to escape at the point of least resistance, which is the cervix. If the one is rigid you will notice that the membranes will protrude like the finger of a glove, and they will break early, but if the case is a multipara the cervix dilates easily, and you may find a large, wide pouch of membranes, which sometimes descends to the external os before it breaks. In any case, if you have the waters coming away with a rush in the early part of labor, suspect a breech or a malposition of the fetus.

5. Having ascertained the condition of the cervix and the membranes we have yet to determine which pole of the fetus is occupying the cervix, the amount of advance that it has made, and if there is sufficient room for it to pass through the bony pelvis. If the presenting part is not fixed, we endeavor to touch the promontory of the sacrum with our middle finger, while the base of the thumb is pressed against the subpubic ligament. If we cannot touch the promontory of the sacrum, we are pretty sure that we have plenty of room. If we can touch it, we mark the position of the subpubic ligament upon our first finger, and then measure the distance between this point and the end of the second finger. A measurement of four inches indicates a dangerously contracted pelvis, while three and one-half inches is generally taken to be too small for delivery of a live child per vaginam.

6. As to the nature of the presenting part and its fixity this should be determined by external examination; how-