

the method is the application of the pressure by the hand at the proper moment, the description continues:—"The whole hand is placed gently over the uterine region, and made to execute gentle stroking movements over as large an extent as possible of the uterine surface, till beginning contraction is perceived. Then the uterus is grasped with the outspread fingers and palm of one hand, if sufficient, if not, with both hands, and at the moment when the contraction has attained its greatest intensity, strong pressure is made over the fundus and walls of the uterus in the direction of the hollow of the sacrum. The placenta and blood-clots which may have accumulated in the uterus are now, as a rule, suddenly and forcibly expelled from the external parts, the uterus again rising to its original level, which, indeed, in most cases, it has scarcely quitted. Pressure over the uncontracted uterus, with a view of removing the placenta, is faulty and will not attain the object in view."

*Diagnosis of the Placental site* is obviously of the greatest possible consequence in the old Cæsarean and the Porro operations. The prognosis of these operations depends to a great extent upon the site of the placenta. If this be the anterior wall, as it is with great frequency, the prognosis is more unfavorable. If the placenta could always be avoided the prospects would be greatly improved. Dr. Halbertsma, Professor of Gynæcology in the University of Utrecht, proposes for this, puncture of the uterus with a probe-trocar. If the instrument strike the placenta when it is introduced for some distance, blood only escapes; if liquor amnii escapes or foetal movements are felt on the canula then the placenta has not been touched. Halbertsma has actually practised and proved the value of this method in a Porro operation. In this case the placenta was situated on the anterior wall, but more to the right side than the left. The uterus was strongly directed over to the right, and incised as much as possible to the left side, and the placental site so avoided. By this puncture the liquor amnii may be evacuated before incision. This is important, especially in head presentations, in which there is usually some retention of liquor amnii, which having become septic from rupture of the membranes some time pre-