anesthetized, and there is nothing more difficult, more incomplete, or more unsatisfactory than the same procedure without an anesthetic. Time and time again I have removed remaining portions of placenta after house surgeons, or members of my class, have essayed to do so and have thought that they had reached every portion of the endometrium. One day I removed a whole saucerful of placenta after a very experienced professional gentleman who endeavored to carry out the procedure without an anesthetic.

Now I come to the portion of the subject that I wish particularly to discuss, and that is, our attitude in the third stage of labor.

We are told that there must be as little examination with the finger as possible. We are told that the interior of the uterus must not be meddled with except on certain special occasions when it is indicated (whenever that may be). We are told that it is a dangerous doctrine to promulgate among students that, while the patient is anesthetized (as in all humanity every woman should be during the second stage of labor) the fingers should be passed up into a depressed uterus for the purpose of inspecting its interior. I believe that this teaching is all wrong and that there is no danger to the patient from the introduction of the aseptic finger into the puerperal uterus. The real danger arises from what is left behind by an unskilled finger, and the introduction of the finger itself has received much blame that is not justly its due. With the natural instinctive dread that is born in us at the time of our birth in the obstetrical class rooms we are liable to be overtimid regarding this procedure, and, as a consequence, to be less thorough than we should be. The method has, therefore, received the odium of the results of this lack of thoroughness.

I often hear about the danger of the entrance of the atmosphere surrounding the patient into her uterine cavity. If any air enters it is very soon expelled by the uterine contraction. Later on, when the uterus has become paralyzed by septic infiltration, the gases of decomposition may be found in its interior, and this condition may be wrongly interpreted.

But some say, Why not wait until elevation of temperature occurs before making this routine exploration of the uterine cavity? I would like to ask a question in reply, Why should we wait until the patient's life is endangered? Someone asks, But would you recommend this routine treatment in each and every case? I reply that if I attended in confinement a very dear friend I should not trust to ocular demonstration, but would satisfy myself by the introduction of the finger into the uterine cavity that all secundines had been removed. Every precaution would be taken not to infect the patient.