

probable that it would have come away in the discharges early enough to allow of the preservation of life, already most seriously threatened. It is under these circumstances that I propose the new operation of investigating the interior of the uterus by the carefully carbolicised hand of the accoucheur, with a view to finding and removing decomposing substance. In such a state of matters, I have hitherto used the practice of Baudelocque; namely, antiseptic intra-uterine injections. I employ a double catheter, and I have repeatedly had reason to be satisfied with the results. But, in the cases where I have used this treatment successfully, there has not been washed out by the injections any shred of hidden membrane; and I very much doubt whether injections, in the case which I have narrated, would have produced this supreme result; for, besides the difficulty of directing the current so as to envelope and remove the adherent membrane, there is the absence of any knowledge where the hidden membrane is—absence, perhaps, even of suspicion of its presence.

There is, of course, as yet, no properly formed professional opinion as to the length of time after delivery during which it is possible to introduce the whole hand into the uterus in a natural case; and it is the whole hand that has to be introduced with a view to doing completely the operation I propose.

Some years ago, I was called in consultation by the late Dr. Coldstream, and removed an adherent placenta more than two days after the birth of the child. There had been great flooding. No difficulty was experienced in introducing the hand into the uterus.

The records of midwifery and ordinary experience show that the difficulty arises from uterine spasm, affecting generally the cervix, and especially its internal os, or rather the lowest part of the body of the uterus; and this is naturally expected, for it is the seat of the first obstruction to be overcome. But I am decidedly of opinion that it is not only the first met, but also the chief difficulty. The lowest part of the body of the uterus, or internal os of the cervix, is, in natural and morbid conditions, more difficult of dilatation than the parts of the body of the uterus above it. The history of

natural pregnancy, cases of retained placenta, many cases of hourglass contraction, the dilatation of the unimpregnated uterus by tents, all combine to demonstrate this. Besides, many cases are on record where, long after delivery, as long as twelve or even nineteen days, the body of the uterus was large and dilated by contents, while the cervix was contracted. But the whole subject demands more and deeper study and investigation.

When the cervix is passed by the hand, there may yet be great difficulty; but there will probably be none, unless there is a morbid spasm higher up in the uterus than the internal os of the cervix. On the dilatation of the body of the uterus, I shall offer a few concluding remarks. While there are on record cases in which the hand has been introduced into the uterus several days after delivery, when it contained blood or placenta, there is none in which this operation has been done merely for the discovery and removal of a small piece of membrane, whose size involves no distension of the uterine cavity. That the novel operation, which I performed three days and a-half after delivery, may, with advantage, be done even considerably later, I do not doubt. But at present the whole subject, of the capability of the uterine body to admit the hand at long intervals of time from delivery, is in an unsettled state, and demands the clinical investigation of obstetricians on account of its evident practical importance.

The rapid dilatation of the uterine body many days after delivery is not very rarely illustrated in those cases of simple secondary hæmorrhage, and of secondary hæmorrhage with retained placenta or portion of placenta, when blood rapidly accumulates in the uterus, just as it does immediately after delivery. It is only this rapid dilatation of the uterine cavity that can be used to throw light on the operative procedure which I am in this paper proposing; but it may not be altogether out of place to remark that its slower dilatation, as in pregnancy, in simple hæmatométra, with or without atresia, and in operative procedures, demands careful study, which cannot but result in knowledge that will contribute to the elucidation of this subject.—*British Med. Journal.*