Treatment of Retained Placenta, especially when Placenta is adherent.—Mr. Lane divides the subject into two classes: 1. Cases of simple retained placenta. 2. Cases of retained adherent placenta. The first class he divides into two heads: Cases without irregular contraction, and cases of irregular contraction. The treatment of retained placenta without irregular contraction is very simple, provided the bladder be empty; but simple as it is, Mr. Lane thinks that the hand is often passed unnecessarily into the utterus to remove it. It is often said that the hand should exert steady pressure on the fundus during the third stage of labor; but if this be not properly done, instead of doing good, it will actually do harm, for, as the fundus is occasionally deflected to either side, usually the left, when pressure is made in the mesial line in the hope of expressing the placenta, the later flexion is still more increased thereby, folding the uterus as it were on itself, and pressing the placenta toward the fundus rather than from it through the os. He thinks that the present practice in the hospital, moving the fingers lightly over the uterus, is preferable, and much less tiresome to the hands of the operator. Of simple retained placenta he has seen some cases in which the placenta was immediately expelled when the fundus was raised out of an abnormal position and without pressure.

Cases of irregular or hour-glass contraction are sometimes met with in the third stage, and are said to occasionally occur naturally, but I believe it is much more frequently produced artificially, by the hand being placed during this stage not on the fundus, but somewhat lower down—possibly at the ring of Bandl—and pressure and friction there continually used, exciting and causing the circular fibres situated in that particular part of the uterus to contract tonically. If this contraction-ring be below the edge of the placenta, it will prevent it from getting down into the lower segment of the uterus, or it may be gripped by the ring, in either case, perhaps, necessitating the introduction of the hand for its removal. Cases of retained placenta, due to irregular contraction, may be sometimes overcome, Mr. Lane thinks, by removing the hand from the uterus, and douching it out well, preferably with hot antiseptic solution, but with plain water if the hot solution be not at hand.

When the placenta is adherent, Mr. Lane believes the proper treatment is to pass the hand or the fingers into the uterus and detach it, but he considers that if the operator's hands be not perfectly aseptic, this is the most dangerous operation in midwifery, except Cæsarean section. It is not always possible to keep the hand within the membranes during the operation, owing to the friable nature of the placenta, necessitating the removal of small pieces at a time. In the Rotunda an anæsthethic, usually chloroform, is almost always given, in order that the hand may be passed a second time when there is any doubt whether all the placental tissue has been removed. In the three years of the report 37 cases of adherent placenta were removed, a percentage of 1.08, or one in 91.95. Of these 37 patients six died, a mortality of 16.2. But of the six deaths only two were due to septicæmia.

Laceration of Perineum.—When the perineum is lacerated over .75 inch the practice is, having douched out the vagina with antiseptic solution, to suture immediately, either with silk or catgut (continuous suture for the latter). The stitches are inserted deeply so as to bring the whole of the torn surface into apposition, and the results have been very satisfactory. If the torn surfaces be not accurately apposited the lochia would probably collect between the edges of the wound, causing them to become unhealthy, especially if the discharge be fœtid, and this condition, when once produced, is likely to go deeper, possibly invading the whole depth of the perineum, causing the stitches to slough out, and the wound to gape wide open.

Retention of Membranes.—In cases of retention of a portion of the membranes the practice in the Rotunda is to make gentle traction, having as a rule tied a ligature on it as close to the vulva as possible, thus gaining a firm hold so that it can be twisted, thus reducing the likelihood of its breaking. "Should the membranes break well inside the vulva, the best course is to allow them to remain there, but the douche may be used, which may possibly cause the piece to come away, and will in any event be beneficial if an antiseptic solution be used. This course is far preferable to introducing the fingers or the