

retention, I was far from feeling comfortable and satisfied.

If a careful palpation of uteri at this stage of labor be made, it will be found that they possess marked variations in form. Some are markedly irregular and bossed, whilst others are fairly uniform. These variations, so far as I am aware, have met with no interpretation: they are significant, however. Reflecting that the structures superimposing the placenta, viz., the abdominal and uterine walls, are uniform in thickness, I was forced to the conclusion that the variations are due to the position of the contained placenta, but in just what shape the placenta was I could for a long time form no proper idea. An observation that I had previously made, long before I could attach to it either diagnostic import or indication for treatment, has a bearing upon this point. It was to the effect that, when blindly manipulating the uterus *a la Crede*, I was on a number of occasions almost startled by a sudden slipping or jerking within my hand, accompanied by a transformation of its contents, which was manifest to the patient as well, though not painfully, and delivery generally occurred soon after without further solicitation. By degrees it began to dawn upon me that this slipping and transformation was a turning or version of the placenta upon its axis, similar in manner to the version of the fetus at times. Further attention to these points showed that a certain rough relationship existed between the form (as felt through the abdominal walls) and the ease with which delivery was accomplished. When the uterus was fairly uniform, free from bossing and elongated rather, nature was frequently competent, or but little difficulty was experienced by artificial methods. When the uterus was markedly bossed, irregular, and broadened rather, more placental dystocia was present, or retained placenta were obtained.

As before stated, I regarded these variations in shape to be due to the position of the contained placenta; in other words, to the relation of the placental axis to that of the uterus.

In order to have an intelligent conception of the placenta, it is necessary to examine one that has been delivered. It will be found to be possessed of an elliptical rather than a circular form; but it is not by virtue of this that we can speak of its

having an axis, though doubtless this may occasionally be so. There will be revealed also, deep sulci or furrows on its uterine surface, which surface, before the birth of the child, presents a convexity corresponding to the concavity of a segment of the uterus, against which it is in opposition. The sudden diminution consequent upon the expulsion of the child but completes a process of folding the placenta upon itself, already initiated by its previous convexity and sulci. It is with this folded placenta we have to do. Folded it may be seen when emerging from the ostium vaginal, folded it may be felt when passing through the os uteri, and folded it lies within the cavity of the uterus. It matters not whether it is folded equally or unequally, the practical consideration being that a more definite axis has thereby been given it, which passes, roughly speaking, through the points of reduplication of its edges, these points corresponding to the poles of the fetus. Simply its relative length has been increased. We will now define the axis of the uterus to be in that diameter which passes from the centre of the os to the centre of the fundus.

If, now, within the cavity of the uterus the placental axis as previously defined corresponds to the axis of the uterus as above given, we will have, as determined by abdominal palpation, a fairly uniform, somewhat globular and elongated form. This form, I have already remarked, obtains wherein nature is frequently competent, and wherein the least dystocia occurs. The reason is obvious. If, on the contrary, the axes do not correspond, we have more or less irregularity and bossing as the placental axis deviates from or approaches that of the uterus, the greatest deviation resulting in a "placental crossbirth," a condition much more frequently met with than foetal crossbirth, owing to the antecedent disparity in size of container and contents to the original site of implantation and the subsequent contractions of the uterus. In the condition referred to as placental crossbirth the poles of the placenta do not present at the os and fundus, but at two opposite points midway between these. A relatively broad surface is thus in opposition with the os, too broad and too large for it to enter that opening, and any contractions occurring (which operate below the lower pole as well as above it) tend to imprison rather than to expel