

to be sent for. But this immunity is also greatly to be attributed to the care with which the *adherent membranes* are treated. It is well known that the decidua reflexa is frequently firmly attached to the decidua vera at the lower part of the uterus, and the effect of this in rendering labour tedious by prolonging the first stage was pointed out by Dr. Inglis, who recommended, in cases of lingering labour in which the "bag of waters" was not formed in consequence of this adhesion, the separation of the membranes from the uterus with the finger or with "Hamilton's bolt"—an excellent recommendation, which we have often successfully adopted in practice. It is well known, also, that the membranes are frequently prevented from coming away with the after-birth, and that there is a risk of a portion being torn off and left in the uterus, and when so retained being likely to give rise to severe post-partum hemorrhage. Authors describe this retention as the result of the membranes being "caught" and held firmly by the contracted uterus. When the membranes are very thick and bulky, they may certainly be closed upon and held by the rapidly contracting womb; but, in our opinion, this is far from being generally the cause of retention of the membranes. The principal cause is the adhesion of the membranes to the lower part of the womb, and if great care be not taken to separate the adhesion a portion is likely to be left behind, and thus be the cause among other evils of hemorrhage. From the fact, moreover, of these adherent membranes being generally unusually thin and attenuated, there is great danger of their being torn by slight traction made on them. Retention from adhesion is easily distinguished from that caused by contraction of the womb. When the placenta is turned several times in the left hand on a level with the vulva, the membranes are twisted into a cord-like form. If now the finger of the right hand be introduced into the vagina and the membranes examined, it will be found that in cases of adhesion they become twisted nearly as high up as the os uteri, but at this point they spread out towards the interior of the womb and offer an obstruction to the finger; whereas, when merely closed upon and held by the womb, the twisted membranes gradually