

have been attended at the Masternité from July, 1883, to July, 1886. The following are the results :

Out of a total of 210 cases (57 at the Charité and 153 at the Masternité, there was 46 times retention of the placenta, giving a proportion of 22 to 100. The after period was habitually uncomplicated after complete abortion, and the morbidity was almost nil ; but what were the observations in cases of retained secundines ? At the Charité there was never any hemorrhage when the delivery was slow. At the Maternité only twice was their slight hemorrhage, which came on at the moment of expulsion of the placenta. Of 24 cases of retention observed at the Maternité, 21 presented no accidents, the puerperal state being normal. Three presented the following particulars :

One woman in whom the placenta remained in the uterine cavity showed some signs of infection, which rapidly disappeared after intrauterine injections of Van Swieten's fluid ; another case, a victim of criminal abortion, who was admitted to the hospital with an elevated temperature, recovered rapidly ; finally in another patient who had bronchitis and fever before her admission to the hospital, the placenta was expelled entirely in about sixteen hours. The offensive lochia disappeared completely after uterine injections, but the fever and all other symptoms which had existed at the beginning, increased, and the patient died from pneumonia fourteen days after the abortion. To recapitulate, out of 210 cases of abortion there were 46 cases of retention of the placenta. Accidents following this retention have been rare, only one woman died, and it is doubtful if her death could be attributed to septicæmia. Hence when women are placed in conditions favorable for asepsis, retention of the placenta is not so frequently a source of accidents as has been pretended.

*Secondly*, are all the digital and instrumental manipulations resorted to for the extraction of the secundines completely free from danger ? We will only ask those interested in this question to read carefully the observations which have been made up to the present day. They will see that the finger alone is generally insufficient in detaching the placenta and removing it entire. Forceps are managed with difficulty in the interior of the uterus, and often they will leave the remains of the secundines behind them. To the use of the curette, and especially the sharp curette, has been attached the chief blame as founded upon facts. P. Mundé says that they appear powerless in detaching the remains of a placenta situated in one of the horns of the uterus. In spite of a careful scraping of the uterus portions of the placenta have been left behind in the interior of the uterus, as the observations of Skjelderup and of Doleris have shown. In a case referred to by Moses, in which the uterus

had been well scraped, washed and cauterized with perchloride of iron, he was not a little surprised to find next day expelled "a fœtus without legs, 6 to 7 centimetres in length, which in spite of the use of the sharp curette, had remained in the uterine cavity without giving rise to any other symptoms." The curette acts blindly. It is also dangerous ; in cutting healthy mucous membrane it opens the gates for infection, says J. Veit ; a hemorrhage persists which is often very hard to arrest, of which Moses has cited a striking example. Finally, when one is obliged to have recourse to dilatation it is not always free from danger. Schwarz of Halle has reported two cases of considerable laceration of the neck, one of which extended up to the broad ligament.

Thanks to the use of the antiseptic method, the results have not been so bad as one would believe ; however it may be seen that these (so-called) preventive measures place the woman at the brink of septicæmia and possible hemorrhage, abundant loss of blood being not very rare. In one of the cases reported by Moses cauterization with the perchloride of iron was not sufficient to arrest hemorrhage, as the patient fell into collapse and he had to use the tampon. Not all patients have escaped septicæmia : Moses has noted an endometritis in four cases, and Mundé pelvic cellulitis ; Fehling has observed three instances of grave pelvic abscess ; Consentina and P. Mundé have observed death supervene in spite of treatment, or it was even due to the treatment itself.

Hence for our part, contrary to the opinion established by certain authors, the retention of the adnexa of the fœtus is only rarely the origin of complications, if recourse be had to antiseptics. On the other hand, of the different methods of intervention which have been counseled and put into practice, some are insufficient, others dangerous. Hence we never deem it necessary to interfere when, the fœtus having been expelled, the placenta remains in the uterine cavity. One may content himself with the observance of cleanliness and the use of antiseptic vaginal injections two or three times a day, and the secundines will be expelled spontaneously. But when complications arise, grave hemorrhages or the phenomena of septicæmia, either because no antiseptic precautions had been taken or because unsuccessful attempts at extracting the secundines have been made, which often favor the rise of these accidents, what ought then to be done ? Without desiring to enter into the details necessary for each case in particular, we will resume in a few words the proper mode of conduct :

Against severe hemorrhage the tampon is the means par excellence, and the only one which is truly efficient ; and when we speak of a tampon we mean one made of cotton or charpie, previously rendered aseptic by being immersed in a solu-