

to the formation of fibrinous polypi, which produce congestions and inflammations of mucous membrane with frequently fungous granulations, and thereby protract the bleeding indefinitely. Such is the history of many cases which, after long periods of delay, anxiety, and suffering, end in chronic invalidism, or get into the hands of skilful gynecologists, who, fortunately, are generally able to cure or greatly relieve. I have the highest respect for gynecology, but always regret exceedingly to see it thrive through obstetric errors. Its field is quite large enough without any such extraneous aids. The other dangers arising through septicæmia scarcely come within the scope of this paper.

The question of preventive treatment will depend of course on our views as to the best methods of conducting the third stage of labor. I cannot undertake to deal with this subject now, but will simply say that I think it important that any assistance which we may give to the delivery of the placenta should be by means of pressure over the uterus, and not by traction on the cord. After the placenta is expelled we should be particularly careful in our management of the membranes, and I know of no better method than slowly twisting them by turning the placenta in the hands. The membranes may be partly forced out of the cavity of the uterus by its contractions, but as a rule not altogether. It is sometimes easier to remove the membranes during the maximum of relaxation of uterine walls, as pointed out, I think, by Baruch. This fact is worthy of remembrance, as we find the opposite condition in normal delivery of placenta, which takes place during uterine contractions. Baruch also thinks he can remove the membranes better without twisting by pulling gently over fingers introduced into vagina as a pulley or fulcrum. I have tried his plan, but finding it unsatisfactory, have returned to the twist.

By all means follow the orthodox rule of inspecting the placenta, but don't attach too much importance to what you can see. If a large portion is broken off and left behind, you will, of course, detect its absence, but the sharpest eye cannot always be certain that the placenta is entire, because its margin is gener-

ally so irregular in outline. Such a piece as I have presented to you, or even a larger one, may be detached with but a poor prospect of its absence being detected.

Many authors, in giving directions as to the treatment of delayed puerperal hemorrhage, attach a great deal of importance to the administration of ergot, dilute sulphuric acid, and such remedies; but I fear that any one who relies on them to effect a cure is hugging a delusion and a snare, as I believe them to be practically worthless for such a purpose. They may control the bleeding to a slight extent, but seldom, if ever, remove the cause; and the time spent in administering them while other means are neglected is worse than wasted. The use of the vaginal plug, which was recommended by so high an authority as McClintock, is dangerous unless accompanied by pressure over the uterus, and is at best only a temporizing process.

I think it should be recognized as an obstetric truism that in all such cases, unless there be some positive contraindication, the uterus should be immediately explored and all offending matters removed. The methods of carrying out this procedure will depend on the circumstances of each case; but, generally speaking, the best instrument that has ever yet been discovered for the purpose is the educated finger of the intelligent and careful obstetrician. Up to the second week after delivery it is usually not difficult to introduce one or two fingers into cavity of uterus. If this is likely to cause too much pain, get an assistant to give ether. If necessary dilate cervical canal and then introduce finger or Thomas's curette. After the uterine cavity has been thoroughly explored I do not despise medicines, but, on the contrary, I make it a matter of routine practice to give a mixture containing ergot, quinine, and dilute sulphuric acid.

In conclusion the gist of my remarks may be given in a very few words:

1st. Secondary puerperal hemorrhage, in the great majority of cases, is caused by the retention of portions of placenta or membranes.

2nd. The proper treatment for such a dangerous condition is to immediately explore and empty the cavity of the uterus.