

little hemorrhage; doing well on second day. I was attending this lady for Dr. Graham; who was away from home. On his return he took charge of the case after the second day. I learned from him that everything went on well until the ninth day, when a serious hemorrhage commenced without apparent cause. Dr. Graham then introduced fingers and removed from uterine cavity a good-sized piece of membrane with a small piece of placenta attached to one corner. Hemorrhage ceased after this, and patient had no further unfavorable symptoms.

Such cases as these are comparatively rare, but not sufficiently so, in my opinion, to entitle them to the scant notices accorded to them by most of our obstetric authors. Barnes, however, in the compendious, *multum in parvo* style which he has seen fit to adopt in his recent work on Obstetrics, treats the subject in a somewhat elaborate manner, giving nineteen causes which, with their numerous subdivisions, are about as likely to perplex as instruct. Others treat it in a brief and unsatisfactory way, Gallabin's short description of causes and treatment being one of the best.

What are the causes of these remote puerperal hemorrhages? I believe there is one, and only one, cause in the vast majority of cases, *i.e.*, the retention of a portion of the placenta, or membranes, or both. I do not deny that other conditions, such as tumors, displacements of uterus, constitutional dyscrasie, and the like may be occasional causes; but I believe they are simply exceptions and not the rule. That a very small mass may cause a very serious hemorrhage is well shown by my first case. Why that insignificant-looking thing should be apparently harmless for ten days, and then suddenly set up such a commotion, I cannot explain.

It is quite possible these cases are not so rare as is generally supposed. Protracted hemorrhages are not uncommon, but are frequently so slight as to attract little notice. After a time they cease temporarily, but reappear from some apparently slight accidents. Among such accidents we may include Barnes' nineteen causes. It frequently happens that after long courses of treatment by an infinitude of hemo-

statics, local means are resorted to, and the so-called fibrinous polypi are removed by the curette and a cure is effected; but after all the original retention of the little bit of placenta has been the source of the whole trouble.

Thomas, in an excellent paper on this subject, read before the New York Obstetrical Society in April, 1884, reports a case where hemorrhage occurred on the ninth day after delivery. Ergot, tannic acid, dilute sulphuric acid, etc., were used, but about three weeks after delivery the patient was seized with a still more profuse hemorrhage, when Dr. Thomas was called in consultation. He at once had her etherized, dilated cervical canal, removed three small pieces of placenta, and thereby at once effected a cure. This case was sufficiently tedious, but might have been indefinitely protracted if this vigorous treatment had not been instituted. I am supposing that the hemorrhage was not sufficiently severe to cause death.

We may, therefore, look upon the dangers arising from retention of uterine secundines in two aspects:

1st. *Immediate danger from hemorrhage.*—That this is very grave is proved by the fact that deaths from this kind of hemorrhage have been reported by various writers, such as McClintock, Collins, and others. These sad results are fortunately rare, but leaving such extreme cases out of the question, it is impossible to estimate the injury which a puerperal woman may sustain from such hemorrhages. It is the time when it is most important for her to conserve all her vital forces for the sake of herself as well as the child who lives through her. Who can tell how often a hemorrhage has been sufficient to turn the balance in a constitution which, up to that time, has been able to battle successfully against the approach of some fatal disease such as phthisis, and give the body over to the dread enemy?

2nd. *More remote and secondary dangers.*—The masses of placenta or membranes retained may be so small as to cause only slight hemorrhage—a mere oozing so trifling as to be scarcely noticed, or at all events mentioned; but this continued for any length of time must produce very serious effects. Again, they may lead