

commencement. After a short interval there was a recurrence of pain. On applying my hand to the abdomen, I found the uterus contracted, but not uniformly. What immediately attracted my attention was the extreme tenderness over the fundus uteri on the slightest pressure. The placenta could not be felt by a vaginal examination. As soon as the cord was put on the stretch, she cried out with pain, referring it to the fundus uteri. The pains returned frequently, but were not expulsive. Each time that pressure was applied over the abdomen, she would cry out with pain. Any tension or tightening of the cord caused the same pain. I also noticed that the moment the stretching of the cord was relaxed, it was retracted or suddenly drawn back. As there was no hemorrhage, no urgency about the case, I waited nearly an hour,—then flooding commenced. I immediately introduced my hand, separated and removed the placenta. There was irregular contraction of the uterus, with extensive and firm adhesion of the placenta. I had more difficulty than usual to contend with, owing to the extreme irritability and restlessness of the patient. I should have given her chloroform, but unfortunately I had none with me, and dare not wait for it.

It is worthy of remark, that the tenderness of the fundus uteri entirely ceased after the removal of the placenta, and she could bear pressure without complaining. She had no after-pains, and had a most favourable recovery.

I have frequently noticed in cases of adhesion, if the cord be put on the stretch, directly it is relaxed, it appears to be suddenly drawn back. There are no cases which require greater caution in the management; none which require greater promptitude of action when the time comes for action.

There is one form of adhesion which demands a few passing remarks: 1st, because it may be easily overlooked; 2nd, because it is attended with considerable risk.

I cannot do better than describe a case. Some years ago I attended a lady who had a favourable labour; but after some delay, the placenta was still retained. There were frequent pains, the uterus tolerably contracted during each pain, and one edge of the placenta could be felt in the vagina, but the insertion of the cord could not be felt, and when put on the stretch it was drawn

back again with a sort of jerk as soon as the tension was removed. As there was flooding, I passed the hand and found there was partial adhesion of the placenta, which was attached lower down than usual. The extent of the adhesion was about the size of the top of a wineglass. The patient had a favourable recovery.

On another occasion I was requested by a junior practitioner to visit a patient who was said to be dying from hemorrhage. I found she had lost a great quantity, and was much exhausted; that she had had a good labour, but that there had been some trouble with the after-birth. The surgeon in attendance requested me to examine the placenta. On doing so I ascertained that a large portion had been left in utero. As the patient was still flooding, I introduced my hand; was fortunate in finding the adherent portion, and in removing it. The hemorrhage ceased, and the patient ultimately recovered.

One other I will briefly mention. I was requested to visit a poor woman, an out-patient of the Lying-in Hospital, of which I was then consulting accoucheur. She had been confined very nearly a month of her first child; had a constant flow, which had continued more or less from the day of her confinement. The loss was very great at the time the placenta was removed, and for some days after. She told me she suffered very much when the placenta was removed, which she described as being suddenly dragged away; that a second surgeon, who was called in on the 3rd day after delivery, made an attempt to pass his hand in utero, but did not succeed. She was very much blanched and extremely low. She only lived three or four days after I first saw her. I made a *post mortem* examination. The organs generally were exsanguineous; the uterus flabby and larger than it ought to be on the 30th day after confinement. On opening the uterus, a portion of placenta about the size of a dollar, was found adherent. The preparation was placed in the museum of the Hospital.

I would caution every young practitioner against too hastily removing the placenta; not to attempt to do so until he can feel the insertion of the cord into the placenta; nor so long as there is that snatching back of the cord; in fact, until he has satisfied himself that there is no adhesion. If he should have any doubt about the nature of the