and the latter, after some months of life in cotton-wool, grew into a fine healthy baby.

But it is in the region of gynæcology especially that there is a large field in Ceylon. Owing to the enervating climate of the low country and the sea-coast, and especially amongst the wives of soldiers, uterine complains are common, caused in a large measure by rising too early after confinement. The diseases most common are retroflexions, chronic endometritis, and salpingitis, with its sequelæ, hydrosalpinx and hæmatosalpinx. Of "pin-hole" os uteri several cases have been treated by dilating the os.

Regarding the general symptoms, the patient comes complaining of a feeling of weight in the pelvis, worse on standing, constipation, constant desire to pass water, a white discharge, and that inevitable symptom of uterine complaints, pain in the back. There is also a peculiar look about the face which bespeaks a uterine complaint. Several of these cases have been treated successfully, both in private and in military practice, by rest, dilatation of the os, and a thorough curetting of the uterus; whilst a most successful adjunct to treatment in retroflexions being half an hour in the genu-pectoral position every day. In the more serious cases of hæmatosalpinx it is best to advise the patient to go to England. One case of this sort, whom I temporarily relieved by curetting, I heard from a few days ago, she having had the tumour removed *per vaginam* at St. Bartholomew's.

PUERPERAL SEPTICÆMIA CAUSED BY RETENTION OF PORTION OF PLACENTA AND MEMBRANES: OPERATION AND RECOVERY.

By Lieutenant-Colonel J. D. RECKITT.
Royal Army Medical Corps.

The following case may be of interest to those who are engaged in gynæcological and obstetric work.

About 10 p.m. on October 13th, 1903, at Woolwich, Lieutenant (now Captain) H. T. Stack, R.A.M.C., asked me to see Mrs. M., aged 36, multipara. She had been attended in her confinement, *thirteen* days previously, by a midwife. The patient was living in lodgings. Lieutenant Stack reported that he had been called to see the patient the day before, that she was losing much blood, and that she seemed to be in a dangerous condition, from what he thought was septicæmia.

I found the woman in a very weak condition, extremely blanched, with a thin and rapid pulse, and with a temperature of 104·6° F. The midwife had been sent away by Lieutenant Stack and instructed to cease attending cases of midwifery, but I ascertained from a woman in the house, and who was present at the delivery, that the midwife had

extracted the placenta, and I concluded from this that in all probability a portion had been left *in utero*. This conclusion seemed to be quickly verified on making a vaginal examination, for not only was there very free hæmorrhage (which had been going on since delivery), but the stench from the discharge was extremely offensive. I found the os fairly patulous, but could not feel any protrusion of placenta or membranes The condition of the patient was so grave that we at once decided to explore the uterus under an anæsthetic, and I directed Lieutenant Stack to obtain what we required, viz., chloroform, irrigator, antiseptic lotions, glass uterine tube, Hegar's dilators and curettes. Under chloroform, and with the patient in the lithotomy position at the edge of the bed, and having irrigated the vagina with warm Condy's lotion, a finger was easily passed into the uterus, and by pressure externally the cavity was brought within reach. Some placenta and membranes in a horribly fœtid condition were detached from near the fundus, but I could not quite reach one fragment, and therefore was compelled to use the curette, which I did with every care. It was not necessary to dilate the os. The glass tube was passed into the cavity of uterus, which was very freely irrigated with hot carbolic lotion (1 in 100). The patient passed a comfortable night, and next morning her temperature had gone down to 102° F. She was kept at perfect rest in bed, on a suitable diet, given quinæ sulph., grs. v., with liq. strychniæ, ♏ v., three times a day, and on the third day, after clearing out the uterus, her temperature was 99° F. She subsequently progressed favourably in every respect, except that the anæmia remained for a considerable time.

Remarks.—This case would seem to point to the moral recently inculcated by Dr. Horrocks in his lecture on the physiology of natural parturition, and particularly where midwives are concerned, namely, to leave Nature alone as much as possible. Of course, whether or not the placenta was adherent at the time of labour we could not tell; but, in view of the rarity of such a condition, most probably it was not, and no doubt this particular midwife, instead of waiting a reasonable time, acted according to the lessons she had learnt in the over-meddlesome school. To judge from the patient's condition the result was very nearly disastrous.

The above case also bears on the remarks made by Dr. Bert Jordan in the *British Medical Journal* of May 26th, 1906, with regard to the view that routine midwifery should be left to midwives. Providing she is a thoroughly competent person, and understands well how to deal with this third stage, *normal labour cases*, or the great majority, can probably safely be left to her; but she must be able to discriminate, and at once seek the more skilled and advanced aid of the obstetrician where necessary.