INTRODUCTION
Subfertility is one of the world's oldest medical problems. Since ancient times, subfertility has been surrounded by many mysteries; witch doctors pretended to understand it, tribal rites focused on it, and religious privileges were granted because of it. In modern times, we have begun to understand a few of the reasons for subfertility, but many of the problems associated with it still elude us. Subfertility often has been the cause for serious marital discord and in some instances for war.

From the moment the female internal genitalia were first described, explanations of subfertility have been linked with the uterus, and numerous investigators have spared neither time nor inventiveness to produce instruments, such as curettes, needles, and aspiration apparatus, that could investigate the uterine cavity. For the present discussion, suffice it to say that we can achieve good visualisation of the uterine cavity and that we also have a small microscope at our disposal to magnify what we see\(^1,2\).

The great advantage of modern hysteroscopic instrumentation is that much of it can be used without dilation or damage of the cervical canal\(^3,4\). An inconvenience that still remains, however, is that the uterine cavity must be distended, and the distention medium often interferes with the intracavitary fluid composition and hormonal content\(^5,6\).
USE OF THE Hysteroscope IN IMPLANTATION DISORDERS

Primary mechanical factors
Inspection of the uterine cavity enables the physician to exclude implantation disorders resulting from primary mechanical factors. It is well known that the area surrounding submucosal uterine fibroids is an unfavorable implantation site. After accurate diagnosis, the operative hysteroscope can assist in removing such fibroids down to the muscle. The same procedure can be followed more or less with uterine myomas, although myomas are often implanted deeper in the muscle coat and require microsurgery most of the time after their hysteroscopic localisation and ultrasonic measurement of the depth of the implantation area.

Uterine polyps represent an altogether different set of problems. Many so-called polyps are actually strands of hyperplastic endometrium; as such, they do not represent any problem to fertilisation or implantation. Only true polyps should be removed.

A more difficult problem is the management of polyps in the tubal cornua. These polyps are located in the visible part of the tubal ostium, at the junction of the uterine cavity and the tube. According to Vasquez, these polyps are covered by tubal epithelium. On hysterosalpingography, they appear as neatly delineated defects. The debate as to whether or not they are a causal factor in subfertility has not yet been decided. The removal of these polyps followed by careful electrocautery of their pedicle is a relatively easy hysteroscopic procedure.

Asherman's syndrome, resulting from an overly aggressive curettage, is easily diagnosed by hysterosalpingography and confirmed by hysteroscopy. In the same operative session, this condition can be treated by the intrauterine operative procedure of adhesiolsy.

Hormonal and mechanical disturbances
Exploration of the cavity is usually very revealing: a brief glance can cover the whole of the endometrium. The use of CO₂ as a distention medium in subfertility hysteroscopy is strongly recommended. The assessment of endometrial quality and the localisation of patches or islands of hypertrophic endometrial tissue are indeed made easier after distention with CO₂. The investigator must be aware of the vasodilatory and hyper-anaemic effects of CO₂, however. Observations on the appearance of the endometrium should be precise and made promptly before any manipulation is carried out.

It should be understood that, no matter how good the visual evidence of pathology, the definite diagnosis is made only by pathologic examination. In my opinion, microhysteroscopy clearly is at the beginning of its tenure as a diagnostic tool, and confirmation of finding by pathologic exam is still mandatory.

At present, numerous workers are trying to investigate at the hormonal level the influence of extrauterine implantations of endometrial tissue; that is, the phenomenon of endometriosis. Some believe that endometriosis plays a role in changing normal hormonal