

1. Puncturing the membranes.
2. Plugging.
3. Version.
4. Separation of placenta.

It will be impossible to puncture the membranes at once in every case, though if labor has commenced it may be done, and is the first thing recommended by Barnes and Playfair. It must be remembered that uterine inertia is common in placenta praevia and consequently version must follow, if possible, soon after puncture of the membranes, though it is done under less favorable conditions than if it had been performed previous to puncture. Version should be always accomplished whilst the membranes are intact if possible. If hæmorrhage is great and the os not dilated, the tampon carefully applied and changed every three or four hours till os is dilatable or dilated is good treatment. This is a most effective procedure in arresting hæmorrhage, which it does by compressing the placenta between the plug and the presenting part of the child, thus artificially damming up the source from which the blood has escaped. When labor has been fully established, the plug has another advantage, that is, by stimulating the uterine fibre, the os is more rapidly and effectively dilated. Version should be employed when quick delivery is called for and the parts sufficiently dilated to admit the hand without any force. It is to this method that most modern authorities give the preference in the treatment of placental presentation. The method of Braxton-Hicks, the bipolar or combined method, which is done by internal and external manipulation and which is applicable to those cases where the os is not sufficiently dilated for the introduction of the whole hand, is recommended. The adoption of this method has not made much headway, and few if any of the French authors refer to it in their writings. Turning once effected, the presenting part is brought in contact with the bleeding surface and hæmorrhage is checked. Version is best performed under an anæsthetic, but Spiegelberg referring to the administration of chloroform in placenta praevia, says, that it is inadmissible where the woman has lost much blood, since this, like any movement of an exhausted woman, might easily lead to pulmonary embolism and render collapse fatal. Version is perhaps the quickest method of terminating labor, and is the best, if the woman is not exhausted by previous floodings. If there has been much loss of blood, the patient prostrate, and os dilated or dilatable, the application of the forceps is safer and better. The operation of turning always involves special