removing the placenta one is able to grasp the uterus and directly control all bleeding. If necessary the lower uterine segment may be packed with gauze from above.

The performance of Cæsarean section for any purpose should not be lightly undertaken outside of a well-equipped hospital.

There are but four procedures which one need consider in the management of placenta prævia, viz.:

Rupture of membranes followed by vaginal packing;

Braxton Hicks' method;

Hydrostatic dilators followed by forceps, or version with immediate extraction;

Cæsarean section.

The first of these should, I think, be limited to emergencies where time has to be gained, as when one must transport a patient or await arrival of assistance. It should not be used as a means of treatment of a case throughout. The dangers of sepsis are greater than by other methods, and the slow oozing of blood extended over a long period of time may seriously lessen the patient's chances of recovery.

For all cases in which the child is not viable or is dead, where it is judged wiser to terminate, and as a rule prompt termination is the safe course to follow, Braxton Hicks' method is doubtless the plan to be selected, as also is it in cases after the seventh month even with a living child, in which the severity of the hæmorrhage is such that its immediate control must be secured to save the woman's life.

Where the child is living and viable the Colpeurynter or Cæsarean section are the means to be considered.

Where the cervix is not readily dilatable, and in primiparæ, Cæsarean section offers the best prospects, in multiparæ with dilatable cervices the Colpeurynter offers sufficiently good prospects for both mother and child to have its claims advanced.

The nearer to full term the stronger the claim of Cæsarean section over the bag, and *vice versa*.

Where it is especially important to save blood, and that is the keynote of the successful treatment of placenta prævia, Cæsarean section is a means to be seriously considered, provided the circumstances and surroundings are such as to eliminate the chances of sepsis.

One other point I would like to draw attention to is the necessity for practitioners who are liable to be called to such cases being at all times prepared to do an intravenous or interstitial saline transfusion on short notice.