

tar emetic, exhibited every half hour. In no instance was it necessary to repeat the Tartar emetic more than twice; one dose most commonly sufficing. It is my opinion that the value of exhibiting the remedy in the way indicated over bleeding, Belladonna, or the same medicine given every four hours in smaller doses as commonly advised, is unquestionable, and I adduce these cases as additional ones confirmatory of the fact.

Case 13.—*Placenta prævia. Rapid expulsion of the whole uterine contents.*

Mrs. Catharine T., aged 37, applied to me to be admitted into the U. L. Hospital, about the beginning of December, 1846. In consequence of puerperal fever having declared itself in the Institution at this period, admittance was denied, but, at the same time, the promise of assistance was extended to her in her own house, when the appointed time arrived. From the answers returned to my questions at this time, I expected that the case would turn out one of Placenta Prævia, a suspicion which was afterwards confirmed. Symptoms of labour set in on the 17th of the same month, and her husband called at my house to notify me of the fact at 6 a.m. of that day. I immediately placed her in the charge of Mr. (now Dr. D. T. Robertson), a most intelligent pupil of my own, who immediately accompanied the husband. I should now remark that, within a few minutes after having been notified of the case, I was summoned to attend upon a lady who had engaged my services some months previously, and as the house in which Mrs. T. lived was but little out of my road to that of my own patient, I ventured to pay her a short visit, to assure myself of the state of affairs, and to assist Mr. R., if necessary, to the fullest extent my own limited time permitted. Mrs. T. was a short stout woman, in her sixth gestation, her previous ones having been all ordinary. On examining her, after entering the house, I found the os uteri dilated to nearly the size of half a crown, soft and dilatable, the pains active, but not very efficient, the placental mass completely blocking up the orifice. There was, of course, the usual hæmorrhage, but it was by no means profuse. In fact her pulse was scarcely affected by what she had lost, and was losing. The case admitted of some delay, and as my own time was very limited, not permitting me the application of the stethoscope, to ascertain the condition of the child, or the extent and nature of the placental engagement, I advised Mr. R. to send for Dr. Fenwick, then Registrar of the Hospital, and in the mean time to apply the tampon to moderate the hæmorrhage. That gentleman was accordingly sent for, and as he has reported the case in the *Medical Chronicle* for 1847, I quote the conclusion as detailed by him:

“I saw the woman shortly afterwards. On examination I found the placenta almost wholly detached, and bulging out though the os, which was dilated. The pains were lingering, and by no means severe. With each pain there was a slight gush of blood, but the quantity lost was so trifling as not to have affected the circulating system. I explained to her husband that manual interference was necessary, and while preparing myself for the immediate performance of version the patient was seized with a prolonged and vigorous pain, and as I passed my hand beneath the bed-clothes, the placenta was shot out with