

the cervical zone, but the opposite. There is another important cause of the hæmorrhage. We know that all through the period of utero-gestation rhythmic uterine contractions, first elucidated by Braxton Hicks, occur. Like an athlete taking exercise preparing for a great contest, these uterine contractions form the muscular exercise of the uterus which is necessary for the development of its muscle preparatory to the struggle of confinement. These contractions naturally stretch and thin the lower segment of the uterus, and there is a tearing away of the subjacent uterine tissue from the placenta, and hæmorrhage results. Placenta prævia occurs in 570 labors, is more frequent in multiparæ than in primiparæ, and in the poor than in the rich. As to mortality, Simpson gives 29 per cent, Barnes 8 per cent, Churchill one in three, whilst 50 per cent of the children die. Regarding treatment, the great aim of the accoucheur is to deliver his patient as quickly and as safely as possible, as a high rate of mortality in the practice of midwifery is not conducive to the increase of one's clientele. Mauriceau was amongst those long ago who advocated the *accouchment force*, that is, the uterus must be emptied at once by force and at all risks. This method is not thought of at present. A case of placental presentation comes under the notice of the accoucheur at one of three periods. *First*, before the viability of the child; *Second*, when gestation is further advanced and the infant has reached the period of viability; *Third*, perhaps the most frequent, at the commencement of labor. In the first case the treatment is the same as a case of threatened abortion, that is, stop the discharge by tampon, allay any disposition to uterine contraction, and endeavor by rest in the recumbent position to prevent any further separation of the placenta. In the second case, when gestation is further advanced and the child has reached the period of viability, we must endeavor to avert premature delivery as long as possible by the usual means employed in order that the child may have the best chance. The earlier the period of pregnancy at which hæmorrhage occurs, the less the risk to the mother; for that reason some authorities recommend the induction of premature labor. The life of the child must in every case be considered. In the third case, when the accoucheur is summoned at the commencement of labor at the full period of gestation, and hæmorrhage is profuse, the os not being dilated, his duty is the same as in the first and second, except he must endeavor by being prompt, steady and fearless to deliver the woman as soon as possible. The means usually adopted and recommended in placenta prævia are four :—