

there should be any hesitation in the mind of the physician as to what he should do for his patient, as I am thoroughly satisfied from my own experience that the correct thing to do is to terminate the gestation as soon as possible. By so doing the child and mother both have a much better chance of ultimate recovery.

To delay is to increase both maternal and foetal mortality. On this point let me here quote the words of Robert Barnes, "If the pregnancy have advanced beyond the 7th month, it will, as a general rule, I think, be wise to proceed to delivery, for the next hæmorrhage may be fatal; we cannot tell the time or extent of its occurrence, and when it occurs, all, perhaps, that we shall have the opportunity of doing will be to regret that we did not act when we had the chance."

These are very significant words from a man of vast and varied experience. The few cases where it may be deemed advisable to prolong gestation in the interests of the child, should present some, if not all, of the following features:—1st, The woman be very near the 7th month of pregnancy. 2nd, The first attack of hæmorrhage be but a slight one. 3rd, The placenta be but laterally implanted. 4th, The woman be within easy reach of medical assistance.

Under such conditions the patient should be put to bed, kept absolutely quiet, free from all surrounding excitement and possibly given an occasional dose of opium. I do not think there is any virtue in the so-called astringents, such as acetate of lead, gallic acid, etc. My own practice is even under these circumstances, not to advise the attempted prolongation of pregnancy; the risks to the mother are too great, and the chances of saving the child's life too small. Presuming the case to be one occurring after the 7th month, the attack of hæmorrhage to be a severe one, and the cervix to be undilated, delivery should be accomplished as soon as possible.

For this purpose I would advise the membranes to be ruptured; this allows the uterus to contract and will of itself frequently be sufficient to check the further loss of blood. The objections raised against this plan of treatment are that the normal means for dilating the cervix is removed and that the chances against the child's living are increased. Still it is the quickest way of securing rapid contraction, and thus stop further loss of blood.

If the flooding continues and the os be not sufficiently dilated to admit of version readily, and especially if the patient is much exhausted and not in a fit state to admit of version, the next best step is to separate the placenta by the finger from around the cervix as far as the finger will reach; as recommended by Robert Barnes. This as a rule answers promptly. It both checks further loss of blood and it also favors dilatation of the cervix; for so long as the placenta retains its attachments to the lower zone of the uterus the cervix will not readily dilate. The internal administration of ergot may be started from the first. In the event of these means failing, and the flooding still continues and the cervix is still too undilated to admit of version, plugging the vagina firmly with antiseptic tampons should be resorted to.

Before plugging, the vagina should be well syringed out with an antiseptic lotion; this method if properly applied is very efficient, the plugs, however, must be inserted carefully, one after another, the first one should be placed within the cervix itself, and then the others in rotation till the the vagina is perfectly full. The plugs may be made of clean strips of cotton or wool, previously soaked in some antiseptic. On no occasion should a sponge be used which has been in use in the house for other purposes. After the vagina has been carefully packed a firm pad should be placed over the uterus and the whole kept in position by a carefully, well-applied bandage. The tampons should not be left in longer than eight hours and when removed the vagina should again be syringed out.

Lastly, if on the removal of the plugs the os be found sufficiently dilated to perform version and the woman herself be in a fit state for the operation, it should be done. The bi-polar method being used, if possible, the leg of the child will form another efficient plug and further assist in dilating the cervix. The operation of version by the bi-polar method may be undertaken at any time in the course of the treatment, whenever the cervix will permit of it. In Berlin it is claimed that by this method of treatment the mortality of women has been reduced to 69½ per cent. and of children to 60 per cent. A marvellous reduction as compared to what it used to be.