ing ergot is first to make sure of head, feet or breech presentation, with some pain, and in cases in which I have decided to deliver at once. Ergot would only increase the mischief in placenta previa, unless it was given to assist your efforts at the time of expulsion of the child.

Respecting hot drinks, I am aware that cool or cold drinks are generally recommended in cases of flooding. I do not, however, believe in giving cold drinks in shock or great depression. Opium, in small doses, as a stimulant, I hold very valuable in floodings, and large doses in the cases requiring the plug, to give rest and sleep when time for rallying is necessary.

I once dreaded placenta previa cases as amongst the most dangerous in midwifery; I now look upon them as being very manageable, unless there should be an excessive loss of blood before we see the patient, and even then, in most cases, we can stop the pains by larger doses of opium, plug, then wait until the patient rallies, then deliver.

I am, as before stated, of the opinion, if there has been great loss of blood, that the sooner you deliver the better, provided the hemorrhage continues, and there is pain, and the patient not too weak; but you should not introduce the hand into the uterus if you can possibly avoid doing so, always giving an anæsthetic when you do. I put emphasis on this latter—*anæsthetic* (ether or chloroform). My practice and advice is, in all severe midwifery operations, to give one or the other. My reasons for thus advising are:

1st. It is humane and prevents unnecessary suffering.

2nd. By its use depression and shock are lessened, if not prevented altogether.

Allow me here to say that I, at anyrate, have not, neither do I intend adhering to the old traditional theories and procedures respecting the use of anæsthetics in midwifery.

In conclusion, following up turning in cases of placenta previa, the only argument I can conceive justifying it when the head presents is the speedy delivery of the child in order to save its life. But how often will we be disappointed in this, as it is well known where some floodings have taken place the child is usually born dead. To compensate for that, by plugging and waiting the shock of introducing the hand into the uterus will be avoided and the maternal parts not injured. I believe the time is not far distant when turning, by introducing the hand into the uterus, will be the exception, not the rule as at present.

I have adopted a procedure of my own, viz., when called to a case of placenta previa near the end of pregnancy, when flooding is in progress, with the pains continuing, and the patient not too weak or exhausted, to separate as much of the placenta as I can on one side, detaching a portion of it completely from one side, bringing it down into the vagina; and if the os is not well dilated, and the pain continuing, to squeeze the detached portion between my fingers, or to press it firmly against the opposite side until the os dilates; then I give ergot and rupture the membranes, still pressing the detached portion of the placenta until the head descends sufficiently to check the hemorrhage.

FOUR OVARIOTOMIES, AND ONE LAPAROTOMY.

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(*Continued.*)

The incision was four, enlarged to six inches. There was no pedicle—what appeared at first to be a broad thick pedicle was simply the uterus, and the tumour a prolongation or outgrowth from it, and engaging the right ovary. One part of the tumour was thought to fluctuate, and was tapped with a small-sized ovarian trocar. Blood exuded freely, and the hemorrhage soon became so alarming that I immediately threw the ecraseur wire around the tumour and rapidly tightened it, which procedure controlled the hemorrhage. By the use of the pedicle forceps, and several pairs of Spencer Wells' compression forceps, I engaged the whole connection, and then relaxed the ecraseur to ascertain if the forceps would control the hemorrhage, which they effectually did. I then separated the tumour with the long-handled scissors—cutting through the right angle of the fundus uteri, and removin with the tumour the