this the blood will still well away and dissect the placenta loose, and so allow internal hemorrhage, a much more dangerous form of hemorrhage than that which take place openly. Do not believe it. You will find it troublesome enough to tear away a placenta from its uterine attachments with your hand; how impossible then must it be for any force of mere blood to dissect it away. The placental adhesions are very tough and strong.

Therefore I say plug up the vagina thoroughly and sit down and rest yourself, and send for a friend to share the burden of responsibility with you; or, if you are thrown entirely upon your own resources, plug the vagina and sit down and wait until you see fit to remove the plug, so as to examine if the mouth of the womb has dilated sufficiently to enable you to insert your hand into the uterus and break up the remaining placental adhesions and turn the child and deliver it.

When are you to know that this time has come? When the tampon begins to protrude from the vulva, and when it cannot be pushed back though much force be expended.

I remember a case which I saw in consultation with a friend, where, after waiting for a long while, we found the os uteri only about two and a half inches open. I passed my hand in and detached a small arc of the placenta and delivered the child in such a short space of time that the whole amount of blood lost was only four ounces and a half

Some physicians prefer to use a Barnes' dilator instead of sponge tents, but we do not all carry Barnes' dilators about with us. A Barnes' dilator filled with air forms a most excellent plug for the vagina.

But you are still sitting beside your patient and waiting for some bearing down pains. Explain her condition to her family, but do not think of saying a word to her about it. Speaking of bearing down pains, the mere presence of the plug in the vagina will very often excite them. The presence of a great mass of sponge, or rags, or bits of handkerchiefs, or what-not in the vagina will produce rebellion of the womb and the woman will at once bear down.

Make it a point never to leave the house of a woman with placenta prævia until either all the danger is over, or at least until you can get some other competent and trustworthy physician to take your place. And follow in every case the rule which I have already laid down for you—*never remove the plug even for an instant, until it begins to protrude.* So long as the vagina is well guarded by tampons the woman is safe; even if you have to sit at her bed-side twenty hours waiting for developments.

Bitter hours these will be to those of you who may be forced to live them out. No man need want to attend a case of placenta prævia—ten times worse than puerperal convulsions is it.

Never wait longer than ten hours before changing the tampon, taking out the old sponges soaked with blood and serum and placing new ones in their stead. Always make it a practice to carry a supply of sponges about with you in your country practice.

Why is it not proper to leave one set of sponges in the vagina more than ten hours? Simply because they become frightfully offensive and are liable to poison the woman's system. Before removing the old sponges have the new ones well greased and roll several of them up together.

. . . . . .

Delivery must be made with great deftness and wonderful activity in these cases. Grease the hand well, pass it well into the uterus, forearm and wrist acting as tampons, separate as much of the placenta as is necessary, the least the better. Put your whole hand into the womb and turn the child. You can not turn a child under such circumstances with two fingers. Get above the placenta and feel round until you get hold of both legs, and moving as rapidly as may be without unduly exciting the uterine contractions, turn the child and bring it down feet foremost. *Hurry the labor for the sake of both mother and child. Deliver just as fast as you can without undue haste.*

The minute the child is born go right up into the womb and clear the placenta away and make the uterus contract by some of the means at your command. The placenta delivered, twist the membranes up into a rope, so as to be sure that you have left nothing behind. Then put on a bandage round the patient's abdomen, and go home and thank God that you have saved the mother's life if not the child's.

Remember what I have said to you. In placenta prævia the rule is tampon the vagina and mouth of the uterus immediately with big pieces of—well, of whatever is handy. Afterwards, while you are at work separating the placenta and feeling about for the child, get some one to push the womb well down from above, and always give a dose of ergot the moment you get hold of the child's legs. The lower part of the womb does not have half so much contracting to do as the upper after the placenta is separated. Be sure to secure complete contraction, otherwise you will have very serious leakage of blood.

If you tampon the vagina in post-partum hemorrhage the woman will die by internal hemorrhage after delivery. Never tampon except in a little bit of an abortion. Why, gentlemen, the womb, when relaxed, will hold a dozen pints of blood or more, and what woman can lose that quantity of blood in addition to the hemorrhage attending labor and live? The contracted fibres of the uterus, unless they be like steel, cannot resist the welling blood.

There is another form of hemorrhage occurring before labor and known as accidental hemorrhage.