

tiguous surfaces, as for example where it falls upon the peritoneum in abdominal pregnancy or takes its seat in the Fallopian Tube—tubal pregnancy. The latter is explained by a process of desquamative salpingitis; the tube's offering its bare surface to the ovum. It is safe to say, however, that an ovum cannot mature under such circumstances. It is well-known that conception in the majority of cases occurs in the Fallopian Tubes, their rythmic peristaltic action in the direction of uterus, aided by vibratile motion of the cilia, propel the ovum along till it drops into the uterus which should be prepared to receive it; its not being prepared to do so is the cause assigned by Cazeau for the abnormal position of the placenta. Whilst the etiology of placenta praevia is still *subjudice*, yet there are many theories advanced which are well worthy of mention. Barnes thinks that the ovum as it enters the uterus from the Fallopian Tube is not caught in the folds of the decidua, but drops to the lower part of the uterus. Playfair believes it to be due to an abnormal size of the uterus. Miller believes it to be caused by uterine contraction shortly after conception squeezing the ovum down to the internal os. Tyler Smith thinks it is due to the ovule not being fecundated till it has reached the lower part of the uterine cavity.

It will not be necessary for me to go over the symptoms of placenta praevia; they are few indeed, but well marked. A strongly pulsating, thick, soft cervix and hæmorrhage occurring during the latter months of pregnancy should be sufficient grounds for suspicion; but no positive diagnosis can be made without the introduction of the finger into the os and feeling the placenta. The hæmorrhage often occurring without any warning when there is no assistance at hand, demands our immediate attention. This hæmorrhage is accounted for by the development of that portion of the uterus to which the placenta is attached in excess of the rate of growth of the placenta, and there is a rupture of a marginal utero placental sinus or a utero placental vessel with generally a marginal placental detachment. Barnes, than whom no greater could be cited, differs from this explanation, and says that the flooding occurs from the detachment of the placenta arising from an excess in the rate of growth of the placenta over that of the cervical zone, a structure not designed for placental attachment. But we know that the hæmorrhage occurs in the latter months of pregnancy when the placenta has attained its maximum rate of development, and therefore the hæmorrhage cannot be owing to the growth of the placenta in excess of that of its uterine attachment at