cases of hæmorrhage occurring with placenta prævia and the os uteri undilated, that the vagina should be firmly packed with tampons of lint soaked in vinegar.

The famous Blundell, writing in 1815, says, "that hæmorrhage in placenta prævia usually occurs between the 7th and 8th month."

That in cases where the os uteri is dilated the best plan in the interest of both mother and child is to turn; and where not dilated, to wait till it attains the size of half a crown, and then to turn. And when the os is too rigid for the safe passage of the hand to turn, to puncture the membranes through the placenta, being very careful not to detach it. Again in central placenta prævia he recommended the perforation of the placenta through the centre rather than its lateral detachment. Dewees, in 1837, advises, before dilatation of the os uteri, rest in bed, and if the pulse be strong and full, a free general bleeding from the arm, and the internal administration of large doses of acetate of lead, and cold applications to the vulva and lower part of the abdomen, and also rectal injections of ʒjs. of acetate of lead every hour to promote congelation of the blood.

Hok recommended cold astringent vaginal injections, vaginal tampons of lint soaked in alum or wine and alum.

Such is a brief outline of the treatment adopted during the past hundred years.

This brings us now to the consideration of the treatment as practiced in our own time.

Of all the men who have written on this important subject, I think we are most indebted to Robert Barnes; for the introduction of the separation of the placenta from the lower cervical zone of the uterus, or, as he calls it, the unsafe attachment of the placenta. Also to Branton Hicks, who taught us how to perform version by the bi-polar method, before the dilation of the cervix.

These two methods have enormously reduced both maternal and fœtal mortality. In treating a case of placenta prævia, the very first question that forces itself upon us is: to decide as to the advisability or otherwise of endeavoring to prolong the gestation. "Undoubtedly, in all cases of labour it is the duty of the accoucheur to endeavor, if possible, not only to save the mother's life, but also to give every chance to the child.

I must admit that in all cases where both the mother's and child's life are in peril, I give the greatest chance to the mother, as her life, I consider, is of far more importance than that of the unborn child. The question is one of the greatest importance, and one that deserves the most careful consideration at the hands of the attending physician.

The best line of treatment to be adopted is not altogether a settled one. There are some who advise the immediate termination of the gestation on account of the great risk to the mother's life; and there are others who advise temporizing in the interests of the child.

I do not think any absolute hard and fast rule can be laid down, as each case may possibly present some special feature, calling for some special line of treatment. At the same time I think the weight of evidence is in favor of the termination of the gestation, when the first attack of hæmorrhage, especially if it be a severe one, occurs before the 7th month; for the following reasons:

Firstly, The supposition is in favor of the placenta being centrally implanted when the first attack of flooding is severe, prior to the 7th month.

Secondly, The tendency of such cases is of themselves to end in abortion and consequent death of the child.

Thirdly, When the hæmorrhage occurs, even in the latter half of gestation, the tendency is towards abortion. It is estimated that one-third of all such cases only reach the end of gestation.

Fourthly, The liability to a recurrence of the hæmorrhage at any moment is very great; consequently, the woman's life is hourly in danger. The great fatality from placenta prævia is in the occurrence of sudden hæmorrhage in the absence of the physician. The first attack is usually slight but it should be taken as a serious warning to us of the possibility of the next attack being a very severe, if not a fatal one, before assistance can be got. The occurrence of hæmorrhage in the early months of gestation so reduces the chances of saving the child's life, that I do not think its welfare ought to be considered at all alongside of the mother.

I believe, certainly, that the wisdom of prolongation of gestation is open to serious question. I, should the first attack of hæmorrhage occur after the viable period of the child, then do not think