

not then visit her, but explained to him the nature of what I believed the case to be, and warned him not to have her left alone. Ten days from that time he came a second time and said, "Doctor, come with me as quickly as you can. I fear my wife is dead, as she has flooded a vessel full and fainted." Reaching her as quickly as possible, her case really appeared hopeless, and there was a chamberful of red clotted blood. I pursued the usual treatment, such as head placed low, abundance of fresh air, and, she being just able to swallow, I gave her hot whiskey, milk, and a stimulating dose of laudanum. The examination revealed placenta completely covering the os. As I considered that she was too weak to deliver, I immediately plugged; then applied warmth to the body; and upon leaving her, ordered hot milk and chicken tea to be given often, likewise leaving two grains of opium to be given should she become uneasy or restless, telling them I would return in six hours unless sent for sooner. About five hours after a messenger came, saying I was wanted immediately, as Mrs. McC. was flooding again.

I asked the messenger to call upon Dr. McArthur and have him go with him, as I might require assistance. Finding that she had rallied the doctor agreed with me that the sooner we delivered her the better. Having removed the plug, we diagnosed head presentation. I then, after giving ergot, separated the placenta with my finger all around the os. Upon doing so, it became detached from one side, falling into the vagina. I then seized this detached portion with my fingers and pressed it against the opposite side. After a little, the pains returning, I ruptured the membranes, holding the placenta with my fingers to the opposite side until the head stopped by pressure all bleeding. The child was delivered dead by the natural efforts, and the mother made a good recovery.

In conclusion, to sum up. Judging from my own experience, coupled with what I have read and heard respecting the treatment of placenta previa, my own views are the following: That after one severe flooding the sooner you deliver the better, more especially if there are labor pains. In five out of six cases there were more

floodings than one. I recommend, when head presents, to separate the placenta from os uteri all around as far as you can reach, if labor has commenced. Then, if possible, detach the placenta on one side completely, so as to allow you to reach the membranes and rupture, to give ergot by the mouth or ergotine by hypodermic injections, and use a little pressure over uterus externally. In most cases as the water discharges the head descends, thereby plugging, by pressure on the placenta, so thoroughly as to check the hemorrhage. I am in the habit of emptying the bladder by a catheter and having forceps on hand, and a roller bandage around the abdomen in order to give external support if required, and holding a plug against the os with my hand if the flooding is severe. I had no occasion to use forceps in any case of placenta previa so far.

Respecting turning, I should, in cross birth, carefully try to turn by manipulation by finger in the vagina and external assistance.

I might here state that I have thus succeeded in cross births, lowering the shoulders, raising the hips and so bringing the head, feet, or breech down. I see no reason why we should not try, especially in cross-births, in cases of placenta previa. I have notice in the December number of the *Canada Lancet* an article on combined version in placenta previa.

My advice is never to introduce the hand through the placenta and thereby gain entrance into the uterus for the purpose of turning, for thereby violence is sure to follow. In fact I am not an advocate for turning by introducing the hand into the uterus under any circumstances, unless all other means fail; as I consider that procedure very injurious to the mother and very apt to be followed by shock or by inflammatory action of some kind. Possibly in some cases no other mode is practicable, and it must then be had recourse to. Respecting plugging, I have always succeeded in arresting hemorrhage by this means, giving thereby safety and time. It likewise stimulates the uterus, and the os is found more dilated. I would not give ergot unless I knew the bladder was empty, the parts proportionable, the os dilatable, and instruments at hand. Flooding nearly always relaxes the os. My rule in giv-