

hemorrhages before admission, and was having some oozing almost continuously. She was a little over eight months, and in good condition. To save the baby, the mother consented to Cæsarian section, which was done, both making good recoveries, and leaving hospital in three weeks.

The points to be learned from the reports of these two successful cases are:

1. Cæsarian section should only be undertaken in hospital.
2. Cæsarian section during the early stages of the symptoms is hardly justifiable, as the child is seldom saved.
3. Cæsarian section is really only justifiable when the pregnancy is well advanced, say the eighth month or more, and where there has been very little previous interference, such as vaginal examinations, tamponing, etc., or any severe recent hemorrhage. This narrows the number of cases of central placenta prævia suitable for Cæsarian section to a very small percentage indeed.

The treatment best suited for the majority of cases seems to me to be, as Herman states, early turning, slow extraction, antiseptics.

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