

also with the accommodation of the child; also with contraction of the uterus, causing inertia and bleeding.

As the os dilates, the placental area gets too large for the placenta, the vessels are ruptured, and exposure of the sinuses takes place. Thus bleeding goes on, as there are no circular muscular fibres to contract the vessels.

The two outstanding risks are hemorrhage and sepsis. If they could be eliminated placenta previa would be a simple complication.

As to the method of dealing with a placenta previa, there is nothing in its nature absolutely fatal, but these two essentials must be kept in mind.

Three principles are laid down: 1. The saving of blood, no matter how little, at every possible juncture; 2. Careful anti-septic manipulations; 3. The careful selection of a method of delivery suitable to each individual case.

With few exceptions, once a placenta previa is diagnosed, the sooner the uterus is emptied the better. Temporizing is only advisable where the hemorrhage is very slight; or in a hospital perhaps. There is a great advantage in treating these cases in a well-appointed hospital.

Where the placenta is marginal and can be treated by rupture of the membranes and subsequent delivery by forceps is not the class of cases dealt with, but rather those cases where there has been very profuse hemorrhage, where the cervix is either closed or admits, perhaps, two fingers, and where the placenta is flush with or overlaps the os internum. The best thing to do here is to pack the vagina. For this, four distinct advances can be claimed: 1. It stops hemorrhage; 2. It gains time—to; 3. Stimulate and nourish patient; 4. If need be, to send her to hospital.

Everything depends on the way the packing is managed. This is best and most satisfactorily done under an anesthetic—packing with wet sterilized cotton wool, with speculum and dressing forceps, until the canal has been completely filled. The other essentials are an abdominal binder and a firm, tight perineal bandage. No packing is possible without an opiate. The pain is unendurable without it, and furthers the dilatation.

When this has been done the blood has been conserved. Croom finds in many instances with the plug in situ, and the woman comparatively out of danger, external version can be done with advantage and comparative ease.

Now when this version has been performed and the patient's general condition improved, the packing is withdrawn and the