

delivery, and 122 died subsequently, making a total of 143, or 19.7%. In these cases 367 children were lost.

These latter cases belong to the period before the introduction of Hicks' method, whereas those reported from Shauta's clinic were mainly treated by that method. To this method of treatment the credit for the reduction of the maternal mortality from 20% to nearly 5% must be given. Unfortunately the death rate amongst the infants is higher with Hicks' method than had been the case with older measures of rupture of membranes and vaginal packing, etc.

The use of hydrostatic dilators has given a somewhat lower maternal mortality than Hicks' method (4.5%), and shows a decided improvement so far as the infants are concerned; in the Breslau clinic 75% of the infants were saved.

There is yet another method of treatment which still meets with a good deal of opposition in some quarters, but which I am convinced has a very important place in the management of many of these cases. With more extended experience it may yet become the recognized method where the child is living and well within the viable age. I refer to Cæsarean section.

Sellheim reports eight cases, in which all the mothers and infants were saved; Kronig has six cases, with no deaths of mothers and only one infant, a premature one, dead.

I desire to report two cases in which I have performed Cæsarean section for placenta prævia, after which I will discuss briefly the indications and limitations of the various methods in vogue for the management of these cases. Both cases occurred in my service at St. Michael's Hospital.

B. C., IX para, admitted November 2nd last, in an exsanguinated condition, having had severe hæmorrhages for two days before admission. There being no bleeding on admission, it was deemed unwise to at once proceed to delivery, lest even a small further loss of blood prove fatal.

She was about six months pregnant and the baby was living. Under these conditions the Church raises some objection to the termination of pregnancy, especially by those methods which in such a large proportion of the cases sacrifices the child.

In the absence of further hæmorrhage it was felt that the mother's interest would be best served by temporizing under strict observation, thereby giving her a chance to recover from the immediate effect of the hæmorrhages, before exposing her to the risk of a further loss by interference.

The first record I have of blood examination was made a