Vercoe of Seaforth, was the first of the kind performed in this section of the country. Dr. Worthington deserves the credit of performing it successfully previous to the one performed by Dr. Vercoe—though he did not publish it in any of the local papers by way of advertising himself. Dr. Hurlburt of Brucefield also performed it successfully, and I understand that Dr. Graham of Brussels likewise operated with a good result—though *unfortunately* neither of these gentlemen *advertised* their operations through the columns of the local press. We have heard it reported that medical men in other parts of the country, such as Goderich, Wingham and Exeter have also performed the operation. Hoping you will correct the error in question and give "honor to whom honor is due."

I remain yours etc.,

TRUTH.

July 15, '79

Selected Articles.

PLACENTA PRÆVIA; POST-PARTUM HEMORRHAGE; AND ACCIDENTAL HEMORRHAGE.

CLINIC BY ELLERSLIE WALLACE, M.D., PHILA.

Placenta Prævia.—This is the name bestowed upon the position occasionally occupied by the placenta, *i.e.*, when it lies over the internal os uteri, so presenting a bar to the onward progress of the child and necessitating the occurrence of more or less hemorrhage when the woman goes into labor. As the internal mouth of the womb begins to dilate it tears itself away from the lower segment of the placenta and the blood of the mother flows.

As early as the middle of the sixth, or beginning of the seventh month, an abnormal discharge of blood may occur from the womb, but usually the woman pays no attention to this, or if she is over timid she may perhaps send for you. When you arrive she tells you that she has had a show.

In such an instance as this do not proceed at once to make a vaginal examination, but if the bleeding still continues put the patient to bed and keep her quiet, administering from gr. ½ to gr. ⅔ of opium and grs. ij.—iij. of sugar of lead in f.℥ ss. of the infusion of roses, if it be found necessary. We do not know why hemorrhage should occur at such an early stage. As a general rule in such cases all you have to do is to keep the patient quiet and bide your time.

Three or four of these shows may occur, and you may have but slight trouble in stopping them until the neck of the womb begins to dilate in earnest, and in so doing tears the placenta loose from the uterine sinuses. In such instances, although the os uteri is but ever so little open, the hemorrhage is likely to be free.

If this severe bleeding persists, and the woman's condition becomes serious, proceed at once to make a vaginal examination. Pass the finger into the vagina. The external os uteri may or may not be taken up. However that is, you will at any rate find that the neck of the womb has softened, and you will be able to feel the placenta presenting at the inner mouth, and imparting to the fingers the sensation of a piece of raw beef.

When the os uteri is no larger open than the size of your thumb, the blood will pour out and the woman will die in a few moments unless she is properly attended to. If you can get the child out of the womb, and give it room to contract fully, all the danger is over. But how is this to be done?

You not only feel the placenta presenting, but you also see that it is bleeding profusely. How is this hemorrhage to be stopped?

One says, introduce the finger into the uterus and separate the placenta from all of its uterine attachments. In the first place your finger is not long enough to do the work, and if it were long enough the woman would bleed to death before the placenta was half removed. I cannot imagine why so great a man as Simpson should give such advice as this.

Another says, tear away an edge of the placenta and deliver the child. If you do this you will most certainly deliver a dead child, for the hemorrhage caused by so extensive a laceration of the placenta is sure to kill the child.

I might argue for some time and with much force upon the various methods of treatment which have been proposed, were it not that I believe them all to be utterly futile and of no service To my mind the question lies in a nutshell. We know that if we cork a bottle and turn it upside down, after filling it with water, that the water cannot escape. Upon this same principle, by corking the vagina we can stop the flow of blood and keep it within the woman's body.

My explicit advice to you in cases of placenta prævia is to tampon the vagina with sponge tents at once. If you cannot procure sponge tents, pack the vagina and mouth of the womb with bits of sponge or rags. . . . .

Well, we will imagine that you have been called to see the case in good season, and that you have stopped the rush of blood by stuffing the vagina full of sponges, or sponge tents, or bits of rags, or what-not. What are you to do then? Put on a T bandage and sit down and await developments.

Some say that this is all wrong; that if you do