post-partum period, arises chiefly from the maternal vessels in the isthmus and upper portion of the cervix.

The implantation of the ovum in cases of placenta prævia is quite analagous to its implantation in tubal pregnancy. The fœtal villi and cells penetrate the mucous membrane and also the uterine wall of the isthmus. As a result of the tearing of the specially richly developed vessels in this area during birth, the hæmorrhage arises. The more the isthmus becomes thinned out in the expulsion of the ovum the greater the increase of the chance against the spontaneous checking of the hæmorrhage from the vessels. It seems natural that in order to check hæmorrhage from this area one must do all that is possible to prevent stretching of the isthmus in the course of birth.

The author believes that abdominal cæsarean section in the earliest stages of dilatation, with uterine incision as high as possible towards the fundus, should be the operation of choice and would meet the above indications.

He then compares the method he outlines with vaginal and cervical cæsarean section performed by Sellheim's method. Both these operations call for interference with the lower uterine segment and in the course of delivery of the child the uterine wall may be torn, as the situation of the placenta leads to its softening. If the placenta is situated on the posterior wall of the uterus, these operations may give a satisfactory result, but as we never can be sure, the author considers vaginal cæsarean section of doubtful value in the treatment of placenta prævia.

In the six cases of placenta prævia in which he has performed classical cæsarean section the blood loss was so slight that in none of them was tamponade necessary. In four of the cases the blood loss was less than 300 grammes. Should the bleeding from the isthmus, nevertheless, be severe he agrees with Sellheim one has the advantage in cæsarean section that one is enabled to obtain a clear view of the site of the field, and is enabled thus better to check it by means of tampons. Should the tampons fail, supra-vaginal amputation is to be recommended.

He then discusses the treatment of cases in which the os is completely or almost completely dilated when coming under observation; and secondly, when the asepsis of the birth canal is doubtful. In the first instance as the isthmus has already been stretched to its widest extent, if bleeding does not cease, version is indicated, followed by manual delivery of the placenta. Should hæmorrhage