

In this case, the placenta was very nearly centrally attached. At one side of the os interum, a space of only two fingers' breadth was free. Through this, digital examinations were made, and the hand pushed to seize the feet. The first stage being accomplished by means of the hydrostatic dilators, no hæmorrhage attended it; but, without this means having been employed, it is highly probable that profuse and dangerous flooding would have occurred.

CASE III.—Mrs. P., a multipara, aged thirty-eight, had advanced, without any unfavorable symptoms, to the middle of the ninth month of pregnancy. At this period, while sitting, at 9 p. m. in her parlor, engaged in some light needle-work and in conversation, she suddenly felt a free flow of blood pouring away from the vagina. In a few moments she became very much exhausted, and was lifted up by her husband and carried up-stairs to bed. I saw her within an hour after this, and found her still losing blood to a slight extent. Her pulse was very rapid and weak, and her face extremely pallid. It was estimated that about one quart of blood had been passed, though this was of course uncertain.

As the flow had ceased after I had kept the patient quiet for an hour, I left the house, promising an early visit in the morning. Upon this visit I found her doing well, though somewhat exhausted. Feeling satisfied, from the great amount of flow, and the fact of its having occurred without any exciting cause, that placenta prævia existed, I now explained the state of affairs to my patient's husband, and requested Dr. Metcalfe to see her in consultation. He agreed with me that the probability of the safety of both mother and child would be greatly increased by at once inducing premature delivery, and at 9 that night I set about accomplishing it. At 9.30 exactly, in the presence of Dr. Metcalfe, I introduced into the cervix the smallest size of Barnes's dilators, and at 10.30 the os was fully dilated. So long as the bag was retained in the cervix, no hæmorrhage occurred, but on the instant of its removal a flow took place. Under these circumstances, it was thought best to deliver at once. The patient being put under the influence of chloroform, I performed the bimanual version, and with great ease delivered a living child. The placenta soon followed, and mother and child recovered without an unfavourable symptom.

In this case, delivery was accomplished in one and a half hours from the commencement of the effort, and the process was inaugurated just twenty-four hours after the development of the first symptom of danger. The flow which constituted this symptom was so sudden and alarming that we thought that great danger would attend delay, uncompensated for by any corresponding advantage. After full dilatation and removal of the dilator, Dr. Metcalfe examined and found a very large piece of placenta hanging out of the os uteri, and thus the diagnosis was proved to have been correct.

CASE IV.—I was called on the 14th of November,

by Dr. Keeney, to see with him Mrs. R., a multipara, aged twenty-three years, who was nearly at the end of the seventh month of pregnancy. About one week before our visit, she had been suddenly seized with quite a profuse hæmorrhage, which had rapidly diminished, but never completely disappeared. The nature of the flow, which occurred by sudden gushes, and in great profusion, led us to the conclusion that it was due to placenta prævia, but as the period was not favourable to the viability of the child, we determined to avoid interference until the eighth month, if possible. The patient was accordingly kept perfectly quiet in bed, and all effort avoided. For two and a half weeks this plan appeared to succeed, and we had strong hopes of reaching a period when both child and mother might be rescued by premature delivery. When the seventh month and one week of the eighth had passed, the flow returned, and continued so steadily that, to our regret, we were forced to empty the uterus in the interest of the child, who was evidently becoming much enfeebled by gradual placental detachment, and of the mother, who likewise felt the loss of blood very perceptibly.

At this period Dr. Keeney and I met at the patient's house at 8.30 p. m. At twenty minutes before 9 I introduced Barnes's smallest dilator. At ten minutes after nine the os was fully dilated, and I, introduced my hand, readily delivered a living child by version. The child was evidently very feeble, and, although at once rapped in cotton and surrounded by an atmosphere heated to 95°, it lived only about nine or ten hours.

In this case, as soon as the os was fully dilated, we could distinctly feel the placenta, and as I passed up my hand I found that it was centrally attached. It is the only case in which I have met with complete placenta prævia. The mother recovered without an unfavorable symptom.

#### Acute Bright's Disease.

EXAMINED BY DR. DA COSTA.

Reported by M. M. W.

Isabella G., a domestic. Born of parents free from constitutional taint of any kind. Four years ago had variola, which left deep scars upon hands, face, and other parts. Is an industrious, temperate girl of good habits, and perfect health, until, about five months ago, she took a table-spoonful of calomel instead of magnesia. This was followed by severe heavy pain in the epigastric region, with vomiting and purging. She was carried to a hospital for treatment. Next morning her gums were swollen, and, in rapid succession, followed the usual symptoms of salivation. Remained in that hospital two weeks, and was discharged seeming quite well, but feeling very weak; found herself more liable to the effects of cold than before; bowels habitually constipated; face pallid; drags