part of the uterus from which the placenta can be separated artificially without the danger of hemorrhage, unless uterine contraction immediately takes place."

I have observed, of late, that the subject of placenta prævia has been under frequent discussion in the medical societies of the United States, and I have read, with warm interest, the reports of these discussions, and of the papers which gave rise to them. It would seem to be a constitutional frailty of our cousins over the lakes, to regard as a benevolent virtue, the confession of other people's sins in preference to their own. One might suppose, from the utterance of some of their speakers and readers, that Professor Simpson's theory of placenta prævia, and the practice taught by him, had been accepted by the entire medical profession of Great Britain and Ireland, and that they had continued faithful disciples. But no one who has kept pace with the course of obstetric literature, can charge our trans-atlantic brethren with any such servility. It would be but offensive pedantry in me to enter, before this assemblage, into citations of the diversities of opinion which have characterized the writings of Dr. Simpson's cotemporaries and successors in the field of obstetric science. Certainly we may reach any conclusion other than that of general tacit acquiescence in his doctrine.

Might we not whisper to our brethren of the Great Republic, that "there were great men before Agamemnon"? As early as 1847, Dr. Braithwaite, editor of the *Retrospect*, a gentleman of large and ripe experience, took strong grounds against the views and practice of Dr. Simpson. In 1851, in part 22 of the *Retrospect*, he expressed himself thus: "For our own part, we beg to differ from Dr. Simpson, both as to the propriety of the operation of separating the attachment of the placenta from the cervix uteri in cases of placenta prævia, and as to the reason of the cessation of the hemorrhage. Our objection to this mode of practice is, that although it may be a safe one as regards the mother, it assuredly is a fatal one as regards the child. With regard to the second point, although of slight importance as far as theory is concerned, it is nevertheless of the greatest importance, as indicating a most valuable mode of practice to be adopted. We consider that the fact of the flooding ceasing (?) by the method of manipulation introduced by Dr. Simpson, needs no very labored explanation to account for it, for we believe that the separated placenta acts as a mechanical plug upon the orifices of the bleeding vessels, promoting the coagulation of the blood in and around them, and thus effectually presenting a barrier to its further flow. How then is this indication to be fulfilled? We answer simply on the same mechanical principle. If the os uteri is not sufficiently dilated to allow of the operation of turning being performed, our own practice has been, for the last twenty years, to introduce at once into the vagina sufficient soft linen, lint, or other suitable material, as to form an accurate, well adjusted, and efficient plug. By thus filling the vagina no blood is allowed to escape through it, and hence it must accumulate immediately around the bleeding vessels; it cannot force its way into the uterine cavity, entrance being there prevented by the placenta and the other contents of the uterus. Not only does the theory of this mode of treatment sound very plausible, but we have abundantly exemplified its real utility in practice." Dr. Braithwaite, further on, makes the following additional observations on the safety of the plug treatment: "The introduction of the plug in the early periods of placenta prævia, has many great advantages which the plan of Dr. Simpson does not possess. It is perfectly safe and readily applicable; it promotes" (*impels*, I would say,) "uterine contraction, ensuring the safe dilatation of the os; it preserves the strength of the mother, by preventing the serious discharges which would otherwise take place; and, lastly, it obviates the necessity of, at least as little as possible, endangering the life of the child. The plug, so introduced, may be removed every six or eight hours, or oftener, as the practitioner may deem advisable, to allow the evacuation of the contents of the bladder or the rectum, or any examination as to the state of the os, to be made. If we find the os then sufficiently dilated, we immediately introduce the hand, separate only as much as is required of the placental attachment to the uterus, rupture the membranes, turn, and so expedite the labor as much as possible."

Though, as may be obvious from the preceding quotations, Dr. Braithwaite is no model of clear writing, it is pretty evident that he was a sagacious and reflecting practitioner of midwifery; and so far as regards his views of the value of the plug, our neigh-