

cient to induce our coming students to make preparations therefor.

Many in this country, who study medicine are not wealthy, though talented and some may conceive that regulations of this character will be a barrier to their entrance into our profession, but such has not been and will not be the fact. For the brightest lights that have illumed our science were men who in youth had no means other than intellect and through its aid they not only qualified themselves by proficiency in general attainments when there were few such facilities for so doing as are now to be found in every civilized centre, but also stand forth the most highly honored on this account. It is conceded that if these men had been admitted when inferior in general attainments they could never have risen to such a dazzling summit of excellence as they have attained. We have not time to mention names, but every medical biography teems with them.

Under any circumstances, any man who has the talent and perseverance will easily attain the standard when he knows that it is required, and that they do not do so now is because they see no necessity. Even the students see the need for a high grade of general (preliminary) education and though qualifying for the M. D. degree without it, there are but few who do not lay out to perfect themselves as soon as the great aim of their life is accomplished. But when once entered into general practice its active duties in most instances displace the best intentions, and we do not think we will ever attain the position once occupied by us unless stringent regulations are made and enforced at every first class institution of learning on both sides of the Atlantic. The European and Canadian schools are progressing in the right direction and it only remains for the Colleges of the United States to agree on some similar requirements and then to unwaveringly enforce their regulations.

This accomplished, we will undoubtedly in the course of a few years, honestly claim the title of a "learned profession," and the Doctor of that period will fill socially, as well as virtually, one of the first positions in whatever community he may reside.

Selections.

THE HISTORY OF EIGHT CASES OF PLACENTA PRÆVIA.

By T. GAILLARD THOMAS, M.D.

Professor of Obstetrics and the Diseases of Women and Children in the College of Physicians and Surgeons, New York.

No variety of abnormal labor requires at the hands of the obstetrician more careful consideration, mature judgment, and prompt action, than that which is complicated by unavoidable hæmorrhage. The placenta being attached so near the os-internum that the dilatation of this part necessarily involves its detachment, the very process by which the mother gives birth to her child, tends to destroy not only its, but her own, life. Fortunately placenta prævia is not of common occurrence. Many a practitioner will pursue his vocation for years without meeting with a case. Yet so serious are its results that although it occurs not often than once in five hundred cases, which is the proportion computed as correct by some authors, it exerts a marked influence upon the statistics of obstetrics. According to the calculation of Sir James Simpson, based upon the analysis of 339 cases, one third of the mothers and over one half of the children are supposed to have been lost. The reasons for this great mortality are probably the following:

1st. The dilatation of the cervix for the passage of the child unavoidably exposes both mother and infant to great danger from placental detachment and hæmorrhage.

2d. Repeated hæmorrhages occurring during the ninth month, as the os internum dilates under the influence of painless uterine contractions, which then occur, the woman at the time of labor is usually exsanguinated, exhausted, and depressed both physically and mentally.

3d. Profuse flooding generally occurring with the commencement of labor, the medical attendant is often not at hand, and reaches his patient only after a serious loss of blood has occurred.

The dangers attendant upon the condition develop themselves most markedly in the first stage of labor, and death not infrequently occurs before the os externum is dilated to a size not greater than a Spanish dollar. At this time surgical interference, if resorted to to accomplish delivery, often destroys the lives which it is intended to save. The hand forced too soon through a rigid os will often rupture its walls, while a delay without the adoption of the means capable of controlling hæmorrhage