

it divided into two channels, each with a separate sphincter, leading to two bladders. The rectum bifurcated about five centimetres above the anus. The entrance to Josepha's vagina was much narrower than Rosa's on account of the accouchement. In Rosa the entrance to the vagina and the vagina itself were much dilated. Both vaginae were well developed, but short. The septum separating them was much torn, and Josepha had suffered lacerations of the posterior wall of the vagina. The rugae in Josepha's vagina were well marked, but nearly obliterated in Rosa's organ. Rosa's uterus was as large as one's fist, discharging bloody lochia, while Josepha's uterus was small, anteflexed, and of normal size. Rosa used her right foot in walking, the left leg being shorter, while Josepha used the left foot, the great toe of the right foot only touching the ground.

Treatment of Placenta Praevia. By FREDERIC FENTON, M.D.,
Toronto. *The Canadian Practitioner and Review.*

The writer enumerates four procedures for the treatment of placenta praevia, viz.:

1. Rupture of membranes, followed by vaginal packing.
2. Braxton Hicks' method.
3. Hydrostatic dilators, plus forceps; or version, with immediate extraction.
4. Caesarian section.

The first is limited to emergencies; the second the writer advocates when the child is dead, or not viable, and the third method when the child is living and viable.

The fourth method, viz., Caesarian section for placenta praevia, has a strong advocate in the writer of the article, and he reports two successful cases.

The first was in a multipara, advanced to the seventh month. One month previous to operation, the patient was admitted to hospital in an almost moribund state. The H.C. was 15%, and the R.B.C. 1,000,000. It was determined to wait until a recurrence of bleeding, and then to terminate pregnancy either by Hicks' method or Caesarian section, if the child reached the viable stage. There was no further hemorrhage for almost one month, so the child was nearing the seventh month, and viable, so section was done. The baby was delivered alive, but died in a few hours. The mother made a good recovery.

The second case was a III. para, had suffered two severe