

possible excuse which they could give is that when Caesarian section is performed before the mother or child have been weakened by hemorrhage, the chances of the child should be much better than by version; but how are we to discover cases of placenta praevia before the hemorrhage begins? Moreover, it is quite probable in my mind that if the child is viable it would have just as good a chance of surviving if delivered by version as when delivered by Caesarian section. While for the majority of cases the child does not count for anything, for the simple reason that it is already dead or that it is not possible for it to live, no matter how it is delivered—while of the total removal of the uterus and appendages it is no excuse to say, as some of these authorities do, that the woman after having the case explained to her was quite willing that she might be rendered unable to have another pregnancy; a woman in that condition is a very bad judge of the advantages of maternity. To the general practitioner who meets with this appalling hemorrhage, I would say “summon expert help immediately, and while waiting for him to come, to control the hemorrhage for a few minutes by means of clean handkerchiefs soaked in vinegar packed in the vagina; but failing to obtain assistance promptly I would advise the rapid but thorough sterilizing of the hands and a partial anaesthetization of the patient by another doctor, or even by a neighbour, with the A. C. E. mixture and then to dilate the os with the fingers formed into a cone, so that they fill the os pretty thoroughly. As soon as the hand can be made to enter the uterus, grasp a foot with the right hand and assist the version by the left hand on the abdomen; there will, as a rule, be no more hemorrhage after the soft plug formed by the child's thigh and buttock covers the bleeding sinuses.” The cause of all the deaths of the mother, and they are not many under this method, and of many of the deaths of the viable child, are not due to the method, but to the delay in employing it, and these conditions are as essential in Caesarian section for its success, both as regards the mother and the child. Even in a primipara with the os closed it is invariably softened by the pregnant condition so that in twenty or thirty minutes at most first one and then two and then three fingers can be bored into the uterus until the constricting muscles are tired out and the whole hand can be passed in. The hemorrhage almost always stops the moment the foot is drawn down.

I would also like to say a few words about the other feature of the first case above reported, namely, the convulsions. I believe that more women have died from the remedies usually employed than from the disease; I mean the prolonged use of chloroform and chloral. By the hypodermic injection of half a grain of morphine followed in ten minutes by the hypo-