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TREATMENT OF PLACENTA PRAEVIA*

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For the purposes of this paper I propose to limit myself to the treatment of placenta prævia, and more particularly to the limitations of and indications for the various methods at our disposal for the management of these cases. Before a gathering such as this it is unnecessary to emphasize the necessity for asepsis in all manipulations and other minor points which would naturally be included in an article upon this subject. I will, therefore, stick closely to my text and make my remarks as concise as possible.

I am alive to the fact that, in obstetric emergencies, one is at times forced to do what circumstances will admit of and not what he recognizes would be the ideal treatment.

The circumstances in cases may be very different, and what would be best in one might be inadmissible in another case.

Doubtless the comparative infrequency of the complication (1 in 200 cases) is responsible for the fact that rupture of the membranes followed by vaginal packing and Braxton Hicks' method are practically the only plans of treatment one sees outside of hospitals.

At the time of its introduction Braxton Hicks' method was a very great advance over other methods of treatment then in vogue, and there will probably always be a large field for its employment owing to the circumstances and surroundings of many cases, but it is time that efforts be made to reduce the infant mortality in these cases, as it occurs under these methods of treatment. The reports vary from 40% to 80% mortality for infants and 10% to 35% for mothers. In Shauta's clinic from 1892 to 1905 there were 344 cases of placenta prævia. Twenty mothers died (5.85%); of the children, 192 perished.

Futh has collected reports of 726 cases in the neighborhood of Coblentz, in which 12 women died undelivered, 9 died during

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