

began. Six o'clock next morning I was sent for, and found that labour pains had set in. The plugs were taken out, the two last being well saturated with blood. The "os" was now open to the size of a twenty cent piece, and the edge of the placenta could be easily felt. When the last plug was removed, and during the examination, the hemorrhage was considerable, and my patient began to feel the drain. The uterine contractions were weak and irregular, so no time was lost in rupturing the membranes, and the placenta, as far as the finger could reach, was detached. This last proceeding has the influence of Dr. Barnes in its favor, and it was considered the best under the circumstances. A dose of ergot and brandy was given, and, in a few minutes, the uterine contractions became firm and regular. The os dilated quickly, and, in about an hour, as there was a trickling of blood all the time, I applied the forceps and completed the delivery. Immediately after extraction of the child, there was a tremendous gush of blood, which placed the patient in the greatest danger. Bread and milk was given, and a dose of ergot. The placenta was taken away immediately, without difficulty, and the womb fortunately contracted well. The child, a female, and undersized, was still-born. Convalescence was slow, but eventually a good recovery was made.

In these two cases, as regards the safety of the mother was concerned, I was extremely fortunate in having the womb contract well after delivery, and also in the absence of a rigid os. You may ask me why I did not puncture the membranes in the first case, when I first made the examination. I did not do so, because there was no hemorrhage at the time, and then again, labour was progressing rapidly. With regard to the second, puncturing the membranes and applying the forceps as soon as the "os" was sufficiently dilated, will, I hope, have your approval, rather than the operation of turning. The next case I have to mention was a much more serious one. I was called to this one at eleven o'clock one night last August. It appears that this person, the wife of a stonecutter, had commenced flooding that morning, and their usual medical attendant was called in. Rest was enjoined, and there was some cessation of the hemorrhage. During the afternoon the hemorrhage became alarming, but there was no change in the management of the case, and no

vaginal examination was made. This continued till about ten o'clock at night, when the patient fainted, and the state of affairs was most critical. At this juncture, the wife of the medical attendant became suddenly ill, and he had to cease his attendance. A midwife replaced him. When I arrived and took in the state of affairs, I considered I had a hopeless case to deal with. The patient was in a swoon, no radial pulse could be felt, and the heart's contraction just perceptible. She was blanched like a sheet. The amount of blood lost must have been enormous, the bedding was saturated through and through, large pools under the bed, and great streams of it all over the floor of the bed-room. In consequence of her being in a faint, there was no hemorrhage at the time of my arrival, so that I began at once giving her brandy and milk, and made it the special duty of one person to do so. She soon came too, when the bleeding at once returned. Making a vaginal examination at once, I found the "os" dilated to more than a fifty cent piece, and dilatable. Passing the finger inside the "os" the placenta was felt centrally implanted and very adherent all round. Having warned the husband and friends of the great possibility of the patient's death, and having sent for assistance, and knowing there was no time to be lost, I perforated the placenta and turned. This did not take more than two or three minutes, but during the operation my patient again fainted, but from which she soon rallied. I did nothing more than simply turn, merely seizing one foot, bringing it and the leg down. Very happily for her, the uterus firmly contracted, and I considered this was the means of saving her life. After this, there was no further hemorrhage; indeed, if there had been, death would have been the result. During the whole time brandy and milk was administered, and the stomach retained it all. After turning, I gave her about twenty minutes rest, and then completed the delivery and detached the placenta. The two halves of the placenta were quite adherent, but, with care, it was all nicely brought away. The child, a male, as you might expect, was dead. When the whole operation was over, I still thought the woman would die, the pulse was flickering and could not be counted, and there was that feeling of suffocation always present during severe loss of blood. However, she recovered, but not till six weeks