

living, but not viable. The placenta quickly followed and on examining it fully one half of it could be seen to be covered by a dark firm clot corresponding to the surface which had become detached by the first contractions. The hemorrhage, which had been furious until I introduced my hand, seemed to have stopped from that moment, and there was no bleeding after the extraction of the child, the uterus having then been able to contract enough to close the bleeding openings. The child died in half an hour and the mother, after running the gauntlet of the profound anæmia as well as the condition of the kidneys; gradually came back to life. She later developed a temperature and has now a pelvic abscess, probably a pus tube, which Dr. Wilson intends to have me open by the vagina and drain in the meantime, to be followed later, when her strength will bear it, by an abdominal incision. This was my third case of placenta previa and in view of the present tendency to perform so serious an operation as Caesarian section for the relief of the condition, it may be of interest to refer to the other two cases, both of which terminated in recovery of the mother. My first case occurred twenty-three years ago in a woman four months pregnant. This was just before Braxton Hicks had published his method; so I did the best I could with the knowledge we then had at our disposal, which was to put the woman in the knee-chest position and tampon firmly the vagina. The result could not have been more satisfactory; she did not lose a drop of blood after that; and in eight hours I saw the woman safely delivered; first the cylinder of tightly packed cotton, about four inches long, then about two inches of clot, then the placenta, which must have been centrally implanted, for it fitted on the child's head like a Scotch bonnet, and then came the child; all of them coming out in one piece, so to speak. This woman was up and cleaning offices in less than ten days. The next case was a woman near term who was suddenly taken with a terrible hemorrhage. On examination the placenta was found to be centrally implanted. I was very ill at the time and had to hand the case over to Dr. Johnson, who summoned an expert, who immediately anaesthetized the patient and turned and delivered. There was a gush of blood which flew across the room as he introduced his hand, but the moment he drew on the foot the bleeding stopped and did not return. This child was too asphyxiated by the mother's hemorrhage to live, but the mother made a good recovery.

Judging from my knowledge of these three cases, I cannot see how any one could justify himself in performing a Caesarian section, far less in completely removing the tubes and ovaries with the uterus, as has recently been so strongly advocated by several obstetricians of the first rank. The only