

and why not so? for Dr. Simpson might ask—what can a dead child want of such superfluity?

It would certainly be a great consolation to the anxious obstetrician to feel assured of this fact, when he is on the look-out for flooding, after the separation and expulsion of the placenta in ordinary labors. O! a fig for the fear of hemorrhage, let him say, the "mutual vascular economy" will take care of that. But we do, however, unfortunately know that the separation of the placenta and its expulsion after the birth of the child, despite Dr. Simpson's "mutual economy," are too often followed by hemorrhage, and that too, unquestionably from the mother.

In the third place, Dr. Simpson's idea as to the hemorrhage coming principally from the detached portion of the placenta, is so visionary as to excite our astonishment that it could ever have been entertained by even the most poverty-stricken advocate of a new theory. It would appear utterly incredible had we not the statement from Dr. Simpson's own pen, that he entertained the belief that the unavoidable hemorrhage in cases of placenta prævia "principally comes from the partially detached surface of the placenta." Assuredly whatever blood may thus escape is not drawn from the mother, but from the child, for there is no community of blood circulation between the mother and the child. It is true the child derives its nutriment from the blood of the mother, but not by the transmission of this into the vascular system of the child. This fact has been established beyond all controversy. The mother, then, will never bleed to death from the placenta, which is, in truth, no part of her system, but an organ of the fœtus, formed by, and for itself. But the mother does too often bleed to death, and the child then comes also to death, partly perhaps by the escape of its blood from the detached portion of the placenta; but mainly in cases of total placental detachment, from cessation of blood renovation by its vicarious placental lungs.

Dr. Simpson's notion as to the blood passing over from the still adhering portion of the placenta into the detached portion, is surely out of accord with the anatomy and vascular economy of the organ. The human placenta, although apparently an individual mass, is, in reality, but a corporate assemblage of numerous *placentulae*, which are the analogues of the cotyledons of other mam-

malia. Each of these has its own distinct vascular system, which has no inosculation with the vessels of adjacent cotyledons, or lobes; so that did the mother's blood actually flow into the yet adherent lobes, it would not cross over into the detached ones, as Dr. Simpson imagined. This *dissociated association* of the constituents of the placenta, is, in my opinion, a very important factor in the "*mutual vascular economy of the uterus and placenta*," for I believe that the associated cotyledons, or lobes, may through the distensibility of the interlobular connective tissue, undergo a certain extent of separation from one another, and thus accommodate themselves for a time, at least, to the enlarging uterine surface. During the period of uterine enlargement, it is presumable that the placenta enlarges *pari-passu* with the enlarging uterus, and thus an harmonious economy is preserved; but exceptions to this uniformity of pace may occur, and then a struggle must arise. It may be in some such struggle that those early hemorrhages in the 6th and 7th months of pregnancy, take place. These, in their inception, are unaccompanied by pains; they come on suddenly, without any admonition to the woman, so that it would seem they have not their origin in uterine muscular contraction, or if such contraction is present it is not associated with the usual sensation.

It has been most unfortunate for Dr. Simpson's theory that he ever descended to the discussion of its rationale. His great name and fame might else have conferred on it a more enduring vitality. It is always indiscreet, in propounding new theories, to enter into extended discussion of their merits.

The fact would seem to have been overlooked by many, that the placenta, in its normal attachment to the uterus, is a resisting body, and that it resists uterine effort. The action of the uterus is directly towards the dilatation of its own mouth, and the extension of the length and narrowing of the breadth of the cervical zone underlying the placenta. The placenta is pretty firmly attached to this zone, and must, to no trivial extent, resist the process of distension. Were the placenta attached with abnormal firmness to the uterus, as indeed it sometimes is, we might even believe that instead of a dissolution of the natural connection, an actual tearing asunder of the placental structure would finally occur. The fact is unquestionable that some force, often in truth considerable, is re-