

mouth and neck. Sometimes the placenta is completely separated, and expelled before the child. This occurs in cases in which it is centrally implanted over the os uteri. In those cases in which it is attached rather to one side, with its centre removed from the mouth of the womb, it, of course, separates at that portion on which it has the smallest area of attachment; and this partial separation preserves its longest adhesion on the opposite side, for it is now no longer dragged, or put on the stretch, by the contrary or contending action of the opposing sides. It is to this circumstance that the child is indebted for the prolongation of life, though, according to Dr. Simpson, the safety of the mother is more jeopardized than by complete separation. Dr. Simpson's reasons for holding this belief are based on his peculiar and wholly untenable views of the anatomy and circulation of the placenta.

Complete separation of the placenta without simultaneous and rapid expulsion of the child must destroy its life. It is held by many that each successive pain tends to augment the hemorrhage, not merely by lacerating more vessels, but likewise by opening still wider those already torn. There seems to me to be no valid reason for believing that the lacerated vessels are opened still wider by each pain. On the contrary, I should rather be inclined to think that the uterine contraction tends to compress, or narrow, their mouths; for as the neck and lips of the womb are put on the stretch, in order to increase the diameter of the mouth, we may consider that the stretching of the zone around it, tends to narrow this zone; so that, supposing it to have been a certain breadth before the os began to open, by the time the opening attains, say to an inch wide, the cervical zone will have narrowed itself proportionally, and will thus have contracted the mouths of the torn or opened vessels; and were it not that with each pain the blood is driven with great force into the uterine vessels, we should find the hemorrhage not so great as may have been supposed.

It is not then, in my opinion, because of the increased dilatation of these vessels by each pain, that the blood escapes more copiously, but because each pain leaves an additional number newly opened, and probably each successive pain opens more than its predecessor did. Prof. Simpson actually advocates the early and complete separation

of the placenta, as the best means of saving the life of the mother. Of course, he assumes, as a general inevitability, either the present or *paulo post* death of the child; the earlier the separation, the more certain this result. He has compiled a list of 140 cases, in which the placenta was either expelled by the pains, or manually extracted before the birth of the child, and this list shows that only 10 mothers out of the 140 were lost. On the other hand, he exhibits a table of 339 cases, in which 115 women perished, where the labor was differently conducted. It might have been instructive to be informed as to the management of these 115 victims. To prove that any *bad* system is good by comparing it with one that is *worse*, is but feeble logic. By mere figures you can prove anything, or disprove whatever you choose; figures are too often but deceptive exponents of facts, unless they are accompanied by true and full details of the facts represented by them.

Let us, however, follow up Dr. Simpson's principles to their legitimate issues. He says, "The complete separation of the placenta is generally, or nearly always, followed by a great diminution of the hemorrhage;" but the explanation of this fact, given by him, is quite vague and unsatisfactory. He says, "It is explicable not on the idea that the descending head of the child acts as a plug or compress on the exposed orifices of the uterine sinuses, but on the mutual vascular economy of the uterus and placenta, and the circumstance that the hemorrhage principally comes from the partially detached surface of the latter." Such were Dr. Simpson's words.

Now as to the child's descending head not tending to stop the flow of blood, he is right, provided the head has not yet reached the seat of hemorrhage, which means it cannot press the vessels before it *does* press them; but certainly he is wrong if he holds that the hemorrhage will be as copious after the head has begun to press them, as it was when they were not so pressed.

In the second place, as to the mutual vascular economy of the uterus and placenta,"—what have we here but so many fine words? What substantial idea do they convey to the mind of the student? If they mean anything at all, it is that the separation of the placenta from the uterus puts an end to the demand by the placenta for the supply of maternal pabulum, and therefore that supply is not furnished,