

obtains under placenta previa, namely, malposition, but in a lesser degree. Under such circumstances many favor the policy of temporizing, providing the initial hemorrhage has been slight, with the object of increasing the child's chances, although records show that pregnancy in any event is rarely prolonged under the most favorable conditions. Reasoning on the assumption that, in the latter months of gestation, the risk of hemorrhage increases, in direct ratio as the placental attachment approaches the cervix, and that the placenta may occupy a dangerous location and still be sufficiently high to escape the examining finger. I consider that in these instances we are justified in adopting radical measures and hastening premature delivery, particularly so when the case is not under immediate supervision.

Given the diagnosis of placenta previa, the question of treatment leaves only one alternative—emptying the uterus. I do not think a consideration of the child's viability should preclude prompt interference, the most important point being the adoption of that method which will ensure the minimum of risk to the mother.

If the os is not sufficiently patulous to allow turning, the decision remains between rapid and slow dilation, the former being preferable if the case is urgent. Slow dilation may be effected under favorable circumstances by packing the vagina thoroughly with dry aseptic gauze. After bringing down a lower extremity the chances of immediate bleeding are minimized, and labor should be allowed to terminate with as little assistance as possible.

Rapid extraction is to be avoided. It is probable that this procedure is responsible for more deaths than is generally supposed owing to the liability of rupturing the uterus and the sequence of shock and intra-peritoneal hemorrhage.

In dealing with the complete type of placenta previa we are confronted by a condition which hardly justifies the adoption of the methods cited for the treatment of the marginal form. The risk of bleeding is much increased by its circumscribed attachment, and we are warranted in seeking a course which, if still heroic, would tend to obviate the dangers of severe hemorrhage. It is still a disputed point as to the advisability of entering the abdominal cavity, but recent investigation is inclined to indicate Porro's operation as offering many advantages over other methods heretofore pursued.

I beg to submit for approval a suggestion, which, if feasible, should obviate the dangers attendant on placental separation, and also preclude the necessity for abdominal section. I refer