in Council of April 1st, 1881, Fleet-Surgeon Robert Nelson has been placed on the Retired List of his rank.

RIFLE VOLUNTEERS.—5th Durham: Andrew Arthur Abraham, Gent., to be Acting Surgeon.—2nd Volunteer Battalion, the Gloucestershire Regiment: Surgeon Thomas Partridge is granted the honorary rank of Surgeon-Major.—1st Volunteer Battalion, the Lancashire Fusiliers: Surgeon J. E. Lees, M.B., resigns his commission.—3rd Volunteer Battalion, the Northumberland Fusiliers: Surgeon Anthony Bell is granted the honorary rank of Surgeon-Major.

Correspondence.

“Audi alteram partem.”

THE TREATMENT OF PLACENTA PRÆVIA.

To the Editors of THE LANCET.

SIRS,—An *ex cathedra* statement in THE LANCET on the treatment of placenta prævia carries such weight with the profession, both at home and abroad, that I am anxious to be permitted to point out that, so far, it is only in Germany that such exceptionally good results have been obtained by the method of Braxton Hicks (bipolar version), which is the treatment recommended so forcibly in its columns of to-day. Lomer, on page 1235 of the *American Journal of Obstetrics for 1884*, gives the following table—

	Cases.	Mothers died.	Children died.
Hofmeier ...	37	1	23
Behm ...	40	0	31
Lomer ...	101	7	51
	178	8	105

It follows, then, that since these three obstetricians must have treated fifty-eight cases without a death, unless the number 236 mentioned in THE LANCET is a misprint; and, as fifty-eight is also the number of cases which Behm is reported to have treated without a death, the coincidence is so remarkable as to suggest the possibility of an error in the number. In this country and in America the method of Barnes (partial separation of the placenta and cervical dilatation with hydrostatic bags) has given such very good results that the time has not yet arrived to definitely settle which is the best mode of treatment, though to my mind either is incomparably better than any other method hitherto suggested. And to show that some of our continental brethren appreciate our work, I would refer your readers to the “Thèse d’Agrégation” (accouchements) for 1886, entitled “De la Conduite à tenir dans les Cas de Placenta Prævia,” by Dr. A. Auvar, who, in addition to Budin (now happily restored to health by the skill of our countryman, Lawson Tait), promises to worthily uphold the high prestige of the French obstetrical school. In this work the author discusses several methods of treatment, but places the two English methods in the first rank, and enters fully into their respective merits, arriving at the conclusion that both “sont donc également bonnes” (page 145); and on page 72 he is kind enough to say, “Les résultats obtenus par Murphy à l’aide de la méthode de Barnes sont excellents”; and on page 144 that in my hands this method “est celle qui s’offre avec les chiffres les plus brillants.”

I have now treated twenty-eight cases of placenta prævia without a single death, twenty-three of which are recorded in the *Medical Press and Circular* for 1885, pages 179-205; and as I have obtained such good results from the method of Barnes I naturally prefer it, more especially as the hydrostatic bags are required for what I would wish to enunciate as a ninth great proposition—“that premature labour should be brought on as soon as we know that we are dealing with a case in which the placenta presents after the seventh month of pregnancy, and even before then should the bleedings be serious, frequent, or continuous.” This rule I have urged as strongly as I could in the paper referred to, I have always acted on it, and it is only by continuing to do so that I can hope to keep my mortality at *nil*, or even at a small percentage. For what can a man do when called to a case already in *articulo mortis*? And it should be constantly borne in mind that hæmorrhage may occur at any time

during pregnancy, and that it must occur when labour sets in; and we cannot foresee when it will take place or in what quantity it will pour out; and it may be, and often is, so sudden and so copious that death occurs before assistance can be obtained; or that the patient is so exhausted that assistance, when it comes, is powerless to save life. And I would impress upon your readers that the horrible mortality of placenta prævia is not due to the impotence of our art, but to violent hæmorrhage occurring before assistance can be obtained, or where that assistance is of a helpless, do-nothing character. Whereas, if we take warning from the preliminary bleedings (which often are slight at first), we can generally have time to fix a convenient opportunity to be present during the whole period of labour, ready for every emergency, and, thanks to Barnes’s bags (or Steele’s, as I prefer), we can fix the time for inducing labour as easily as for doing an abdominal section; and labour can be surely and safely brought on and completed, as I have demonstrated over and over again, in some cases even in a shorter period than it takes for a complicated ovariotomy. Another great advantage this method possesses is, that it enables practitioners who have no particular penchant for obstetrical operations to secure the help of an obstetrician with practical experience of placenta prævia to aid them, and to share the responsibility in this the most terrible complication of labour.

I am, Sirs, yours obediently,

Sunderland, March 5th, 1887.

JAMES MURPHY.

THE NATURE OF COMA.

To the Editors of THE LANCET.

SIRS,—I have been much interested by the leading article on Coma in your last issue. You quote Dr. Hughlings Jackson, that “the breathing fails before the heart, and the accessory parts of the breathing fail before the fundamental. It consists in a long process of degradation, the last point of attack being the heart, and the penultimate the breathing.” I have recently had a case where, on the night preceding death, the pulse frequently disappeared, while the breathing was loud and stertorous. Soon after 8.30 A.M. it stopped altogether, and the heart’s action could not be detected, but this may have been due to the presence of loud râles in the lungs. The breathing continued noisy, and at the rate of 23 to the minute, till it gradually fell to 17, and then ceased at 2.30 P.M. During the whole time, frequent examinations were made to see if the heart’s action could be observed, but without success. I conclude from your article that it must, however, have continued working all this time. The patient was seen in consultation during the “precomatose period” by Dr. Broadbent, Mr. Walter Coulson, and Dr. Russell Reynolds.

I am, Sirs, yours truly,

J. B. EMMERSON, M.D. Durham.

High-street, Biggleswade, March 7th, 1887.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

NEWCASTLE INFIRMARY: ADOPTION OF THE FREE HOSPITAL SCHEME.

At a special meeting of the governors of the Newcastle Infirmary, it was decided, in deference to the house committee and medical board, to adopt their report, and make the infirmary a free hospital, subject to a reservation of existing rights of life governors and to the receipt of periodical contributions from the workmen of Tyneside. It was shown by the report that the average cost to the infirmary of each in-patient had been £4 5s. 6d., or £2 3s. 6d. more than paid for each letter of admission. With regard to the recommendation to discontinue the admission of children, the committee thought it was premature to commit themselves to its adoption. The committee did not adopt the recommendation to admit paying patients, but steps were to be taken to see that each in-patient, when able, contributed in whole or part to the expense of their maintenance. They recommended that the casual department be remodelled and the out-patient department be confined to such cases as had

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