the fulcrum is readjusted, hence the slip cannot be great. The forceps are under absolute control. By the time the head is down so low that the handles begin to sweep forward, this leverage system loses its advantage, but is not needed any longer, as the most difficult part of extraction, as regards force, is passed, and the head is delivered by ordinary means.

The Douche.—As regards douching, I think it is overdone. Formerly I gave an intra-uterine douche after each instrumental case. To-day I never do so, unless there is good reason for it. With the patient's vulva and vagina, and the hands of the operator well cleansed, and the instruments sterilized, there is but little danger of introducing infection. In addition, the blades pass inside the membranes, not touching the walls of the uterus at all. So douching merely means an unnecessary instrumentation, with a slight added risk of infection, not called for.

Twins.—In handling a case of twins many practitioners, after delivery of the first child, wait until pains set in, and the second child is well forced down, and probably then leave it to nature. As in these cases the uterine wall is generally over-distended, and the pains weak, this may cause a delay of an hour or so, and only prolongs the suffering without gaining any advantage. To increase the pains, to make sure of prompt contraction when the uterus is emptied, and to prevent undue hemorrhage, it is well to at once give ergot. Then stimulate the uterus by friction on the fundus, if needed, and proceed with the extraction of the second child. There is no need to wait, for the canal is fully dilated. The first child has made the road to travel easy, and no harm results from rapid extraction, with forceps if the head presents, or by introducing the hand and securing a foot if the reverse be the case. I think ergot should be thus used early in all cases of twins, and, as indicated; also in all cases where the uterus is excessively dilated, as by excess of water or by an extra large child, the object being to aid the weakened wall in its contractions, and thus prevent hemorrhage after delivery, which is so common with an undistended uterus. Judgment, of course, is needed, especially in the last named class.

Ergot.—Ergot is not used enough. A case dragging along, with pains weak but exhausting, should have some help, and forceps should not be the first resort. If ergot can cause stronger pains, then use it, and pay little heed to the possibility of ruptured uterus from tetanic contraction. In the great majority of times the case is directly benefited; but if excessive action supervenes it can be absolutely controlled by chloroform, and delivery terminated by forceps, which probably would have been necessary if ergot had not been used, owing to the inertia of the uterus, or else the case would have been unnecessarily prolonged, and the patient exhausted by avoidable suffering.