sequently unnecessary suffering, therefore an anæsthetic should be given, and its use when the head is stretching the perineum will very often save it from rupture. But to give it beyond the obstetrical degree and for long periods is not only unnecessary, but absolutely bad practice.

ERGOT.

We will next consider ergot, one of the most common drugs used in the third stage.

Playfair believes that it is thoroughly good practice to administer a full dose of the liquid extract of ergot in all cases after the placenta has been expelled, to insure persistent contraction and to lessen the chance of blood clots being retained in utero. He prefers, as a rule, personally to give a subcutaneous injection of ergotine in cases where there is a history in previous labors of hæmorrhage after the birth of the child, when the presentation is so far advanced that we estimate that the labor will be concluded in from ten to twenty minutes, as we can hardly expect the drug to produce any effect in less time. In cases of post partum hæmorrhage the dose may be repeated, but here the hypodermic use of ergotine offers the double advantage of acting with greater power and much more rapidly than the usual method of administration. It should therefore be always used in preference.

Chahbazain, of Paris, recommends an aqueous solution of ergotine the one two-hundredth of a grain in ten minims of water as acting more energetically.

Dr. Engelmann, of St. Louis, says in obstetric practice it does good service if given after the contents of the uterus have been expelled, to stimulate contraction when labor is completed, and as a safeguard, especially after the physician has left his patient.

Dr. J. C. Reeves, of Dayton, Ohio, does not use ergot as routine practice, but when he does give it, it is only after the expulsion of the child, in doses of one fluid drachm. He finds that irregular contraction of the uterus is caused, imprisoning the placenta very frequently after its administration.

Dr. Norris, of Pennsylvania, recommends in every case the administering of one drachm of fluid extract of ergot in the treatment of the third stage.

Dr. H. Grandin, of New York, uses ergot as routine practice in obstetrics, after the uterus has been thoroughly emptied, and finds that its routine use prevents undue relaxation and appears to promote proper involution. He uses a half to one drachm of fluid extract of ergot for three days, and then twenty drops three times a day for a week.

Dr. Wm. M. Polk, of New York, does not use it as routine, but when he does give it, it is always after the second stage of labor, and he finds that it produces uterine contraction. He uses one drachm of the fluid extract.

Dr. Edward Reynolds, of Boston, uses ergot as routine practice, never before the delivery of the placenta, and finds that it hastens the occurrence of tonic contractions, and thus lessens the likelihood of post partum hæmorrhage. He uses the fluid extract, Squib's, one drachm.

Porro recommends ergot in cases of hæmorrhage, or where hæmorrhage is likely to occur.

Dr. Marx, of New York, in large hospital experience, has in nearly every case given ergot by mouth, at or toward the end of the second stage of labor, and has never seen a bad result from its use, certainly never a case of accidental hæmorrhage. He finds that there is no better remedy to regulate the pains of labor than ergot. Possibly large doses of quinine, but this remedy does not increase the frequency of pains as much as it increases their vigor. It is impossible to wait for the administration of ergot until the uterus is absolutely empty, for then it would never be given, as there are always shreds of decidua and blood.

Dr. Nash, of Washington, does not approve of the administration of ergot after the placenta has been delivered, or that of promoting the process of involution by the daily display of ergot, digitalis and quinine, as is suggested in practice in some institutions.

Reynolds, in his work on midwifery, declares the efficiency of ergot in producing tonic retraction of the recently delivered uterus is undoubted, and since its use is productive of no possible harm, it is the usual custom, and the author believes should be the habit, of all obstetricians, to administer to the patient a teaspoonful of the extract immediately after the birth of the placenta. This is to be recommended as a routine procedure, because the action of ergot is too slow to render it of value if its administration is delayed until after the occurrence of hæmorrhage, unless it is given hypodermically, a procedure which it is wise to avoid, in view of the fact that the hypodermic use of ergot is not unfrequently followed by subcutaneous abscess. If it is so used, it should be deeply injected into the substance of the thigh, as this method decidedly diminishes the risk of subsequent suppuration. The use of ergot by the mouth is occasionally followed by nausea, which is, however, rare, if no more than a drachm of the fluid extract is given in about two ounces of cold water.

Dr. Clifton Edgar does not use ergot as routine practice, but if given, always after the third stage. He finds it produces good uterine contractions, and possibly the prevention of after-pains. He gives one drachm of fluid extract at a dose.

Dr. Charles M. Green, of Boston, uses ergot as routine practice, after the delivery of the