

somehow, it is but recently that their full significance has come to be realized.

The question now arises, has ergot any longer a place in midwifery practice? It certainly has, but its application is comparatively limited, and most carefully guarded. A few, indeed, have gone so far as to abolish it altogether, in all stages of labor, and use it only as a post-partum remedy. A large number hold that it ought not to be administered before the second stage of labor is passed, but that it may then be profitably given to facilitate the expulsion of the placenta, and to secure firm contraction. But the opinion more generally held, and the one practised by many of those allowed to speak with the weight of authority is, that after the head is born, it is not only safe but good practice to administer a full dose of ergot. Indeed it is now frequently the practice to administer ergot at this stage, or as soon after as possible. The object of course is to secure firm contraction so as to expel the placenta and prevent possible hemorrhage. Firm post-partum contraction is highly desirable in all cases. It empties the uterus of clots and remnants of membranes which otherwise might remain and cause much serious trouble. It is now known that severe and continued after-pains are owing to imperfect contraction, and that the more firmly the uterus is contracted the less severe these are likely to be. For this reason also it is good practice to administer ergot towards the close of labor in all cases, experience having abundantly proven that the after-suffering is thereby greatly diminished. After a time, should the after-pains be severe, a good plan is to combine opium with the ergot. Indeed so valuable is ergot at the close of labor that in many cases to neglect to administer it is only less criminal than to do so at an earlier stage. In all cases where there is reason for believing the uterus has not properly contracted, ergot should be steadily given for some time, combined with citrate of potassium, adding bromide of sodium when nervous symptoms are present.

But the most important office ascribed to ergot is in relation to post-partum hemorrhage. We have already referred to its use, in anticipation of the occurrence of that untoward and much dreaded accident, and doubtless its power to prevent this occurrence is much greater than its power to control it when it has actually taken place. We think every experienced practitioner will bear us out in

the statement that ergot is very uncertain in its action during the occurrence of hemorrhage.

Therefore the greater necessity for availing ourselves of the known power of this agent to prevent this accident. We may readily surmise causes for the comparative powerlessness of ergot to induce contraction after hemorrhage has taken place. The mental condition of the patient, the sudden prostration, and general loss of muscular tone, all render it improbable that the stomach is in a fit condition for speedy absorption, if at all. Under these circumstances the ergot should be administered hypodermically, for the well known reason that agents act more speedily and surely when introduced in that way. For this purpose care should be taken to keep on hand a clean and pure article. The so-called liquid ergot recently introduced, is a good and convenient form. Under all circumstances where it is important that action should be both speedy and certain, the hypodermic method should invariably be practised.

But the question will be asked, what are we to do when the os is fully dilated, the membranes perhaps ruptured, and the pains either feeble or entirely absent. In such cases we may safely exercise the virtue of patience, in the absence of all alarming symptoms. It may be that a little rest is all that is needed, and for that purpose a dose of opium may be given, although, instead of giving rest, it may, perchance, set up active contraction, ending in speedy delivery. Large and repeated doses of quinine, are both safe and effective in promoting uterine action, and should be resorted to when it is thought necessary to secure greater contractile force. Gentle external manipulation is also valuable in promoting contraction. But should all these means fail, and active interference called for, the safest resort is the forceps, followed by ergot, administered hypodermically to insure speedy and firm contraction.

MEDICAL SUICIDES.

A short time ago a charge was brought by the public prosecutor before the Central Criminal Court, London, England, against a woman named Hardie, for having procured her own miscarriage by illegal means and with the aid of her medical attendant, Mr. Haffenden. Feeling keenly the weight of the unjust accusation made against him,