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till the uterus is emptied. Now note the inconsistency of this: they give the ergot after the afterbirth is expelled, and then wait for twenty or thirty minutes for its action; in the meantime the woman may be flooding to death. We must always remember that we must give our drug twenty or thirty minutes before we want its action; we must give it then immediately that the child is born, and in fifteen or twenty minutes we will begin to expel our placenta by Crede's method, and in half an hour when the drug will have had time to reach its maximum intensity our uterus ought to be empty.

My object in this routine treatment is, that in securing tonic contraction I prevent p.p. hemorrhage and close up the channels for septic absorption.

Dr. Lomby Athill recommends the use of ergot in small doses combined with strychnine for some time before labor in those cases in which you have a history of p.p. hemorrhage, and has had very gratifying results from this form of treatment.

Conclusions—(1) That the use of ergot is always attended with more or less danger with the fetus in utero; (2) That it should be given twenty minutes before you require its action; (3) That it should always be given to secure tonic contraction.

Now you will naturally ask the question, "Why, in the face of all this, do we occasionally have a physician condemn the use of ergot?" The only explanation I can give is that there is probably no other drug, of which there are so few reliable preparations as ergot. For years I have limited myself to Squibs' Fl. Ext. and P. D. & Co.'s Normal liquid and ergot aseptic, (P. D. & Co.), for hypodermic use.

I think, therefore, we should consider well before allowing ourselves to be carried away with novel ideas. Would it not be better for us to accept Paul's advice to the Thessalonians, to "Prove all things, and hold fast that which is good"?

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