

centa, we should hear more of it in connection with such cases.

When called to a case of abortion, unless the case be one of great urgency, I make no vaginal examination whatever. I leave the uterine contents free from the slightest chance of contamination as long as possible. If the loss be free, I order a dose of ext. ergot and tr. ferri every half hour or hour. If the loss be long continued, it is astonishing how well the iron enables it to be borne. With regard to the use of ergot, I am perfectly aware of the objections which have been raised against it, but do not consider them of the slightest moment. We know very well its effect in cases of ordinary midwifery, and there are no grounds for supposing that it has different effects at different months of gestation. I have often used it when the head was on the perineum and have never had it complicate a case with any form of retained placenta. A well known lecturer on midwifery informed me that, having used ergot subcutaneously at the end of the second stage over 2,000 times, he has never been able to trace any placental difficulty to its use. Besides, I fancy that the hemostatic action of ergot is not sufficiently appreciated. We know that if used freely during the first stage of labour, the child's life may be endangered. Why? It used to be said, from the violence of the induced pains; but this statement is scarcely tenable, when we see children born alive after natural labours quite as violent and as protracted. We are then driven to the belief that the child is in peril either from something toxic in the ergot itself, or else from interruption of the circulation in the placenta, caused either by the continuous contraction of the muscular tissue of the uterus mechanically compressing the blood-vessels without intermission, or by the contraction of the arteries themselves. I have never seen a case where ergot was used to this extent, but as I have always understood that if born alive at all the child speedily revives; it seems that the argument in support of the toxic effect is weakened by that fact, inasmuch as the mere supply of air would not at once remove the toxic agent from the blood. Possibly both causes are at work, but undoubtedly the bulk of evidence seems to me to point to the danger arising from interruption of the placental circulation—the very thing which in abortion we wish to produce.

And now as to the practical results. Dr. Mundé's paper in the *Obstetrical Journal*, advocating the immediate clearance of the uterus by curette and forceps in every case, is founded on 57 cases, of which 30 were consultations. I have had in charge at least two or three times this number in the last twenty years. Some time ago, in reply to a correspondent, *The Field* (London) stated that 3,000 recorded consecutive games of whist were not enough on which to found a new rule of play. If this number be not sufficient to fix a new rule of whist, how many carefully observed cases of disease would be necessary to lay down a fixed rule of practice for the scarcely less complex phenomena of the human economy? certainly more than were seen by either Dr. Mundé or me. I simply give my experience, to be taken for what it is worth towards that result. I have been called in to cases in consultation in which we were glad to plug or get the uterus emptied by any means in our power. I have had one case of typhus fever who aborted the day she died of the fever. With this exception, in my own practice, I have not once had a case of septicæmia or a patient's life in apparent danger from any cause whatever, and have never required to remove a placenta or plug. The uterus invariably cleared itself in a few days at furthest, and the hemorrhage was restrained within reasonable limits. Much of this apparent difference in practice doubtless arises from the different races and classes with which we have had to deal. My experience is chiefly derived from dispensary work in a robust, rural, Celtic district in the north of Ireland, and must of necessity be quite another affair from work among the wealthy classes of New York. We cannot put furs on the Hottentot and order the Laplander to go naked, and in like manner we cannot make a fixed rule of practice to apply to every clime and nation. Besides, the more eminent a practitioner is, the more likely is he to be called to an unusually large percentage of bad cases, and as it is stated that one in every six or seven pregnancies ends in abortion, it is evident that many have no professional assistance, unless it be that of the dispensary doctor, as in Ireland, where his services are available properly, free of expense, to fully half the entire population of the island.

There is an old proverb, that "children should not play with edged tools." Any instrument in the