

Playfair says, "I believe it is thoroughly good practice to give a full dose of ergot after placental stage in all cases, to insure persistent contraction and lessen chance of blood clots being retained in utero." This may look very well, but I do not believe it. I believe that the circular fibres of the uterus contract so spastically under ergot, that the longitudinal fibres do not get a chance to act properly, and that the cavity before mentioned is produced into which blood oozes and clots; this is retained until the action of the drug is exhausted and is then thrown off with much pain. Without having given ergot, one can express all the clots from the uterus within one hour after delivery; thus ergot causes the pain by its own contraction, and is responsible for the pains of clot delivery.

*Canadian Practitioner*, July, 1892.—Short synopsis of the treatment of abortions by Grigoriantz. One authority will advise patience, while another dogmatically preaches immediate interference. Grigoriantz' treatment is douche three per cent. carbolic acid two or three times a day. Secale and tampons for hæmorrhage. If the ovum and membranes do not yield, he dilates at once, removes and cures. Now, he begins his treatment by giving ergot, and what is the consequence in the majority of cases? Providence favours him, but if not, what has he done; he has locked up the uterus and now he dilates at once, that is, he has to overcome the obstructive work of his own hands which the ergot has produced, and you can readily imagine that it is very easy to produce considerable damage to the cervix by dilatation in this tetanized condition. I find in the obstetrical transactions of the London Society, 1887, abstract of a paper on "Tonic Uterine Contraction without Completeness of Retraction," by J. Matthews Duncan, to which I refer you.

CASE I.—Multipara, who had severe post-partem hæmorrhage in past confinements. Just before instrumental delivery ergot given, gentle kneading and support practised. Placenta expressed, hæmorrhage began copiously, not to greatest extent, prostration not extreme at any time. While flooding was going on, uterine body size of cocoanut, rigid, hard and scarcely compressible; fingers introduced into uterine cavity found accommodation, retraction came finally on and the interest of the case was gone.

CASE II.—Miscarriage, three months. Two drams ergot given. Fetus was spontaneously expelled some hours before visit and somewhat decomposed; little hæmorrhage continuously; placenta retained. Examined under profound chloroform; placenta adherent; cervix dilated so as to pass finger; cavity size of egg filled with clot, whole cervix and body densely hard, and the body incompressible. At internal os special stricture with knife-like edge. Watched fifteen minutes, no relaxation; this lasted several hours. Nine hours after examination placenta spontaneously expelled, a result, no doubt, of supervening contraction with completeness of retraction. In discussing this paper, Dr. Champneys observed that ergot had been given in all the cases, but did not state definitely that he ascribed this condition as due to its action. Now, would the spastic condition of the first case have occurred if ergot had not been given? In second case where two drams of ergot were administered, a hardening of the uterus came on, which only passed off in nine hours, when the retained secundines were expelled, that is, when the action of the ergot passed away, the contents retained were thrown off. These cases illustrate very clearly, to my mind, that ergot, although producing contraction, does not allow of complete retraction. Lastly, following the same line of argument regarding the action of this drug on distal muscular fibre, the effect produced by the administration of ergot in tonic doses after delivery must necessarily affect lacteal secretion by lessening the determination of blood to the mammary gland. I have not been able to make any observations on this latter point. In Hare's late system of practical therapeutics, ergot is advised in treating galactorrhœa. And lastly, how many practitioners are careful in the selection of their drug. Ergot, on this continent, is mostly used in the form of fluid extract, or as a normal liquid. Now, can a manufacturer prepare and sell a good drug reliable in its therapeutic action for one dollar and fifty cents per pound (fluid), while other manufacturing chemists claim they cannot possibly supply a superior quality with a reliable therapeutical action under three dollars? I make this statement merely to show how varied a drug may be given you when you buy it indiscriminately. Here let me also point out an error which the