ergot and emptying of the uterus. Probably he holds the homeopathic view, "*Similia similibus curantur.*"

Ergot has been accused of producing hour-glass contraction. I have been a faithful disciple of the users of ergot. I have had two cases of hour-glass contraction, a little less than one-fifth of one per cent., and in these cases ergot was not given, so personally I can't endorse that objection.

Ergot has also been accused of producing after-pains. Now, if we consider for a moment the principal cause of after-pains we can readily see the fallacy of this.

Dr. More-Madden,[10] obstetrician to the Matre Hospital, Dublin, in his able paper read before the Obstetrical section of the Royal Academy of Medicine, Dublin, in May, 1897, in which he gives a wide range of use to ergot in obstetrics, strongly recommends it as a prophylactic of p.p. pains. The late Dr. T. Beaty,[11] of the Dublin School of Midwifery, strongly recommended ergot in the prophylaxis and treatment of after-pains. Cazeaux and Tarnier strongly recommend ergot as a preventive of after-pains. So, to say the least of it, there is a difference of opinion even on this point.

But, Mr. President, there is an objection to the use of ergot, and that is, that it is a drug over which we have no control after it is administered; in from fifteen to twenty minutes its action begins, and it attains its maximum intensity in about one-half hour, and this lasts for about one and a half hours, And this is positive, as sure as we give ergot so sure will we get tonic contraction of the uterus, so that the whole question of when to use ergot simmers down to this, "When is it safe and desirable to have tonic contraction of the uterus?" Can we safely give it before the birth of the child? I never do, yet some very eminent authorities think it safe, provided that the uterus is dilated or dilatable sufficiently to apply the forceps, and you have a normal vertex presentation, and there is positively no obstruction or impediment to deliver other than inertiæ; but as Barns puts it, "This postulate is not always easily obtained. Then woe to the mother if any obstacle should delay the passage of the child, and woe to the child if it be not quickly born." We have in quinine a very good substitute for ergot in the second or first stage, as it simply intensifies the natural pains.

For twelve years I have made a routine practice of giving a full dose of ergot immediately after the birth of the child, and leave a dose for the nurse to give in two hours. For this treatment I am indebted to Cazeaux and Tarnier, of Paris, and Paul F. Munde, of New York. While the vast majority of recognized authorities recommend it most highly as a preventive of p.p. hemorrhage, yet they advise it not to be given