the pelvis, and if the soft parts offer no resistance the labour may be rapidly terminated. However, he says, "If the use of ergot were always followed by this effect, there would be little or no objection to its use. The pains, however, are different from those of natural labour, and its effect is to produce that very state of tonic and persistent uterine contraction which has been pointed out as one of the chief dangers of protracted labour." In the Bethesda Hospital, Dublin, the use of ergot in these cases is prohibited. Now, it is impossible to tell how much obstruction the soft parts will give in a primipara, and many of you who almost routinely use forceps in these cases, when prevented doing so, have remained patiently at the bedside for several hours, calmly watching nature do what you could do in as many minutes. I have given ergot in a case of this kind at this time. I have told the fond parents that the pains were too strong, and that they asphyxiated the little one that was right; but that is the only case I have recorded. This case would probably have been different in a multipara, and the events quoted from the author would, in the majority of cases, occur, but there are other ways of treating inertia uteri, which have no dangerous sequelæ. Galabin says: Ergot frequently not only intensifies pain, but produces tonic contraction of the uterus, which greatly increases the risk of the child dying from asphyxia. Still-born children from prolonged labour are most frequent in the practice of those who use ergot.

Barnes says, System of Obstetrics:—"In the first place comes the question of how to act when there is inertia. This raises at once the question of the uses and dangers of ergot. We seek by this aid to excite the uterus to more vigorous action. Before resorting to them, it is of vital importance to determine first the whole conditions of labour, the individual state of each of the three factors and their corelations. Before whipping up the uterus to increased exertion, we must be satisfied that there is no obstacle in front so great that reasonable increase of driving power will not overcome without injury. We must be sure that there is no marked rigidity along the parturient tract, no distortion or contraction of the pelvis, no disproportion or malposition of the fœtus, or other obstructive complication. This postulate is not always easy to obtain, and error or miscalculation may entail serious, even fatal, consequences. This is one objection to ergot. There are many others. The case once entrusted to ergot is likely to be beyond our control. We have evoked a brutal power like that given to Frankenstein. Ergotism, like strychnism, will run its course. If it act too long or too violently, you cannot help it. You may try epichontocics as chloral, nitrate of amyl, but these may fail. The ergotic contraction of the uterus, when characteristically developed, resembles tetanus. 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. Again, ergot may cause such vehement reflex straining that, the glottis being too long closed, rupture of air vesicles ensues, entailing emphysema of the neck, and perhaps extending widely. Lastly, McClintock and others contend that ergot exercises a direct toxical effect upon the fœtus. If it be urged that accidents are exceptional and overdrawn, and that innumerable cases may be opposed to them in which no injury could be traced, the reply is, these accidents have occurred, and that we cannot when giving ergot be sure that a catastrophe of the kind will not happen again. Should we not prefer to use weapons that will obey us that will do as much and not more than we desire? There are such weapons, and in competition with these there is no excuse for resorting to ergot. There are means which will rarely fail to accomplish what is wanted with all the precision, safety and certainty that science demand. Thus they differ from the brutal, intractable action of ergot."

As to its use at the end of the second stage. Barnes says, "Another imperative rule is not to give ergot during the placental stage, for it is likely to defeat the very object in view. It is likely to excite irregular spasmodic or tetanoid contractions which will lock up the placenta, and render all attempts at manual extraction abortive and even dangerous." Now, why does he make this so emphatic? Because the internal os has become so contracted, that it is impossible to get at the placenta which is above it. The management of a case of this kind would be simple enough if you could overcome the resistance that that impassable barrier produces.