of the child, and (*b*) after bleeding has stopped to make tonic the contractions produced by other means.

Cazeaux and Tarnier,[2] in speaking of the use of ergot, say that the method they have employed for years, is to administer a full dose of ergot immediately after the birth of the child, this being followed by the best results.

Paul F. Munde, of New York,[3] in referring to the hygiene of the puerperal state, says that he has frequently expressed clots the size of a fist from a uterus three or four hours after labor. But this, he goes on to say, was at a time when I was not in the habit of giving ergot simultaneously with the delivery of the head, as I now do.

Jewett,[4] in the "American Text-book of Obstetrics," strongly advises the use of ergot after the uterus is emptied, as it is perfectly harmless; it limits the danger of hemorrhage. and by diminishing the blood supply it promotes involution. It closes the gates against infection, guards against the retention of blood-clot in the uterine cavity, and therefore lessens the tendency to after-pains, and to putrid accumulation in the uterus.

Garrigues,[5] in his article on the Prevention of Puerperal Infection, says: "Contraction and involution being great preventives of pueperal infection, a drachm of fluid extract of ergot should be given three times a day till an ounce is given."

Barton Cook Hirst,[6] in his valuable "Text-book of Obstetrics," in view of the uncertainty of the occurrence of hemorrhage in the third stage of labor, advises a drachm dose of ergot to be administered as soon as the child is born.

Again, in referring to *post-partum* hemorrhage,[7] he says this may occur after any labor. Measures to prevent it consequently form part of the routine management of labor, as already described. If any of the predisposing causes of uterine relaxation exist during labor, additional precautions should be taken, and as soon as the presenting part emerges from the vulva, a syringeful of the fluid extract of ergot should be injected into the thigh of the patient.

Lusk,[8] in referring to the use of ergot in parturition, expresses himself as follows: "The only imperative exhibition of ergot is presented by the occurrence of *post-partum* hemorrhage resulting from uterine atony. The unyielding, tetanic, uterine contraction which it produces, acts most beneficiently in occluding the orifices of the vessels."

Dr. Routh,[9] in his paper read before the B.M.A., in 1896, spoke of one of the causes of secondary p p. hemorrhage, being the administering of ergot causing spasm of the internal sphincter resulting in retention of clots and severe internal hemorrhage, yet in his treatment of secondary p.p. hemorrhage, in the same paper, he recommends the hypodermic injection of