

involuntary muscle fibres throughout the body. This latter view I am inclined to think the more tenable. We see its action in causing gangrene of the extremities; in hæmoptysis, where we give it with a view of causing contraction of the muscular elements of the smaller arteries; and on the same principle is the first stage of lobar pneumonia treated by many physicians at the present day, and I am told with most gratifying results, and certainly it is a very rational treatment. When we think of what a mass of distal muscular fibres we have concentrated in one organ only in the body, we conclude that after the exhibition of ergot, its most potent effect would be concentrated in that organ, and it is exactly so, but what part of the uterus is most affected. We say the circular fibres chiefly, because these fibres act more powerfully than the longitudinal ones, and especially at the internal os (Muller's Ring) where they are aggregated sphincter-like to the greatest extent. We must necessarily conclude that the action of ergot is exerted most powerfully at that part. This is the first part of the uterus to contract after the evacuation of its contents. Upon the integrity of this segment of the uterus depends the retention of the ovum. Immediately above this is the frailest part of the uterus, the dangerous zone, the zone of rupture, because here the strong middle muscular layer ends and the external and internal layers are thinned out. Now, how long does ergot take to act. Usually in from ten to thirty minutes, according to the mode of its administration, and its effects last as long as ten hours. We must never ignore the effect of it upon other distal muscle fibres throughout the body, as it affects all alike. It also has a decided depressing action on the heart, therefore being contraindicated in all lingering cases, especially if the patient is weakly. Galabin, in his admirable obstetrical work, says ergot may cause hour-glass contraction, especially that form situated at the internal os. Playfair says this is the bugbear of obstetricians, but I am inclined to think it the bugbear of those who give ergot. T. Lauder Brunton says of the therapeutical action of ergot, that it is sometimes used to hasten delivery when the power of the uterine contractions is not sufficient to expel the fœtus. It does not increase the power of the labour pains, but only the contraction of the uterus. He further says it is used after abortions to expel the retained membranes.

The following case, in which I used ergot, will illustrate very concisely its action. Multipara, induced abortion herself by use of Clark's Female Pills; expelled three months' fœtus on July 22nd, 1891. I was called in on the 23rd. She was in great pain, and said she had passed everything. On examination, os, partially dilated, could feel boggy mass. No bad smell—gave ergot $\frac{3i}{\text{}}.$ Returned in six hours; os rigid and undilatable; patient in great pain, but general condition good. Gave hypodermic of morphia. Returned early next morning and found os relaxed, introduced my finger and removed the placenta, washed out with hot bichloride solution $\frac{ss}{\text{}}.$; patient soon recovered. Now, if I had given the hypodermic at first, I would have been better satisfied with myself, but experience is the wisest school. Playfair says, in describing the management of natural labour, that the subsequent comfort and safety of the patient may be promoted by administering at this time (*i.e.*, end of third stage) a full dose of ergot. The property possessed by this drug of producing tonic and persistent contraction of the uterine fibres which renders it of doubtful utility as an oxytocic during labour, is of special value after delivery, when such contraction is precisely what we desire. I have long been in the habit of giving this drug at this period, and believe it to be of great value, not only as a prophylactic against hæmorrhage, but as a means of lessening after-pains. Now, I cannot understand how the subsequent comfort of the patient is promoted by this means, as I have found patients complain less of after-pains since I have stopped using it than before. I have had patients request that I would not give them that black mixture—meaning ergot. As to its action in hæmorrhage, it is only a secondary instrument in our hands, for if hæmorrhage does come on, ergot is not the first thing we think of; and besides, hæmorrhage is rare at the present day, when the placental stage is properly managed—(under "prolonged and precipitate labour," Playfair says). This has long been the favourite remedy for deficient uterine action. It has, however, serious disadvantages, and it is very questionable whether the risks to both mother and child do not more than counterbalance any advantages attending its use. After its administration, in about fifteen minutes, the pains generally increase greatly in force and frequency, and if the head be low in