

Some men claim that they can place one or two fingers behind the ear of the fetus, and by simple pressure there push the occiput round. The cases in which this can be done are, in all probability, those cases in which nature would do the rotation herself, and not much is gained. The first essential for true manual rotation is a *certain* diagnosis of the position before the head has become immovably fixed at the brim. O. D. P. should be suspected whenever abdominal palpation shows that the back is to the right, progress slow in spite of good pains, and the fetal heart abnormally hard to hear. Under these conditions as soon as the os is dilatable the patient should be placed under chloroform, the hand passed into the vagina and the position determined with certainty. If the occiput be posterior the os should be dilated if necessary, and the head pushed above the brim and rotated to the front by the internal hand, the shoulders being pushed round at the same time by the external hand. Forceps should then be applied and delivery proceeded with. As prolapse of the cord may occur, it is advisable that the patient should be placed in the Sims' position with the hips slightly elevated, or in the Trendelenberg position.

USE OF ERGOT IN OBSTETRIC PRACTICE.

BY CHAS. J. C. O. HASTINGS, M.D., L.R.C.P.I., TORONTO.

Before considering the advisability or non-advisability of using a drug, we must first make ourselves perfectly familiar with its therapeutic action, which, in this instance, gives us a wide range of reference, including, as it does, all authorities on therapeutics and obstetrics. Now, for over a century, which constitutes the therapeutic age of ergot, all recognized authorities on this subject agree that ergot has a specific action on the unstripped muscular fibres of the body, and that it consequently produces a tonic contraction of the uterus. This opinion never has been questioned by any authority. Then passing on to the field of obstetrics, in briefly interviewing some of the leading authorities, we glean the following:

Herman,¹ in speaking of this drug, says that there is one drug, and one only, which produces uterine contraction and retraction, and that is ergot. But in the worst cases we cannot wait for the absorption of ergot, for even when injected under the skin there is still time for fatal hemorrhage before its action on the uterine muscle begins. Ergot is invaluable, but its chief uses are (*a*) as a prophylactic, given immediately after the birth