

able, that no physician is justified in leaving his patient, no matter how satisfactory her former labours have been, until fully an hour after her confinement.

It is now over a year since I discontinued the use of ergot, and I have found that, by simply firmly pressing out all the clots which have formed during the placental stage, my patients have complained very little of after pains and have been most comfortable. I have found on examination after giving ergot, the internal os dense, hard, incompressible, and ring like, the body feeling equally hard. If I could force my finger through the internal os (and in several cases I did not like to use much force, therefore, I only presume they were in the condition I am about to describe), a distinct cavity was found to exist above, thus preventing the anterior and posterior walls from lying in contact, as they were in those cases where no ergot was given: that is, the uterus was contracted but not completely retracted, in which condition it is not desirable for it to be left.

I will ask you to dismiss from your mind the idea inculcated by most text-books that the uterus is a pear-shaped body, because this is absolutely wrong—it is only pear-shaped posteriorly, the anterior external wall being almost straight. A much better idea would be conveyed by cutting off about one-quarter of the diameter of a pear; the remainder would very nearly illustrate the shape of the womb—the posterior wall having a decided inflection at the junction of body and cervix. It will be necessary here to glance at the musculature of the uterus so as to refreshen our minds on its anatomical peculiarities. The muscular tissue is constituted of three layers. The fibres of one layer pass into the other coats, forming a network binding all three layers together. The *external* layer is composed of several planes of longitudinal and transverse fibres alternating with each other. The longitudinal, the most superficial layer, forms a median band, the middle part of which is curved loop-like over the fundus, while its two ends descend, one over the front, the other over the back of the uterus—the anterior extending lower than the posterior as far as the neck of the uterus. At the fundus the fibres curve outwards, and are directed over the Fallopian tubes and broad ligaments. The transverse fibres constitute the

greater part of the external layer, and run transversely across the median line between the planes and beneath the loop, and extend outwards on either side into the broad ligaments and tubes. The middle muscular layer is the thickest of all—it only exists at the level of the body. There is no trace of it in the neck. This layer is very vascular; the bands cross each other in all directions; some fibres (the archiform fibres of W. Hunter) coil around the blood vessels and form annular contractile rings which serve to prevent hæmorrhage.

The internal muscular layer consists of two triangular bundles, one on the anterior, the other on the posterior wall, with their bases on a level with, and extending from one tubal orifice to the other and continuing into the tubes: the apex descends to the internal os. On the sides of the triangle, along the entire length of the body of the uterus, the muscular fibres of the inner layer run transversely, passing from one aspect to the other, *i.e.*, annular. They form a thickened band at the os internum, and clearly distinguish the body from the cervix. This is very apparent in infants in whom a visible constriction exists. At the tubal orifices the fibres are arranged in concentric circles, and called by Calza the orbicular muscles of the tubes. This continuation of the transverse muscular fibres into the tubes and the concentric arrangement at the tubal orifices, we would naturally expect, when we consider the development of the uterus by the coalescence of the inferior parts of the Mullerian ducts, the middle parts going to form the tube on either side. The musculature of the cervix is very simple. Two layers only are found continuous with the external and internal of the body: a few oblique but mostly circular fibres are found. In the gravid uterus the hypertrophy of the muscular coats is enormous. It is most marked in the body, less in the lower third, scarcely at all in the cervix—only sufficient to increase its strength.

Now, how does ergot act on the uterus. It causes a spasmodic contraction of its muscular fibres, there being no relaxation between the contractions, that is, the uterus is tetanized. This is supposed to be due to the continuous irritation of uterine centres in the lumbar segment of the cord, or as some authors claim, solely to its action on