placenta, never before, and finds that it promotes the contraction and retraction of the uterus and thus helps to prevent hæmorrhage. He generally uses a drachm of the fluid extract at a dose. He considers that grasping the fundus after the use of ergot causes a succession of rhythmical contractions and consequent retraction, which latter action permanently closes the uterine sinuses.

Dr. E. P. Davis, of Philadelphia, does not use ergot as routine practice, but only when the uterus fails to properly contract and remain contracted. He finds the effect produced to be that it promotes uterine contraction and furthers involution, and when given in small doses after the third stage it increases blood pressure in the breast and furthers the secretion of milk. He uses the fluid extract in doses of from one drachm to ten minims.

Dr. Parvin, of Philadelphia, does not use ergot as routine practice in obstetrics. He occasionally gives it in the second stage of labor in small doses when the contractions are weak. After the delivery of the placenta, if the uterus fails to contract sufficiently, he gives from half to a teaspoonful of the fluid extract to provide against hæmorrhage. He finds that there is an increase of force in intermittent contractions from small doses, continuous action from large. In some cases he finds no beneficial results at all.

According to Wernich, ergotine lessens the tension of the veins and increases their dilatation. This produces arterial anæmia of the uterus and its nerve centres, which increases the duration and intensity of its contraction; after strong doses the intervals cease altogether and a condition very like tetanus uteri sets in.

According to Kobert, this action is due to sphaoelic acid contained in ergot, while the ergotinic acid has no effect on the uterus whether gravid or not. The third constituent part of ergot, cornutin, a pure alkaloid, was, according to Grafe's and Erhard's experiments, given repeatedly in the first stage of labor in doses of 5 mg., and in nearly two-thirds of the cases improved the pain and did the mother no harm.

Schatz declares that the action of ergot begins fifteen minutes after its administration by the mouth, is greatest in thirty minutes, and the effects of a single dose last for an hour.

Winkel says its use in placenta prævia, before and during labor, is still sub judice. Auvard used it with unsatisfactory results, mortality being 42 per cent. of the mothers and 77 per cent. of the children. On the other hand, Wilson had a mortality of 6.6 per cent. of the mothers and 26.6 per cent. of the children, using it before labor.

Counter-indications, I know of none, unless it be its administration during the progress of the first and second stages of labor, or in cases of known idiosyncrasy, where it causes severe and exceedingly painful tonic contractions, amounting almost to tetanus uteri.

Caseaux recommends ergot for use in the third stage, as causing firm uterine contraction, promoting involution and tending to prevent hæmorrhage.

To sum up with regard to ergot, it is used by the great majority of practitioners, as well as recommended by the standard authors at home and abroad. They nearly all agree that it undoubtedly produces firm contraction of the uterus at the completion of the third stage, if given in doses of one fluid drachm, grasping the fundus, assisting in keeping up not only the contraction but the polarity of the uterus, and inasmuch as it takes 15 to 20 minutes to act, it had better be given immediately on the completion of the second stage. None of them speak of any bad effects resulting from its use, and I fail to see why any sensible practitioner should refuse or object to its use. My own practice certainly is, both in private and in the hospital, to give one fluid drachm at the conclusion of the second stage, and in the hospital I give for the following week ten drops of the fluid extract three times a day, combined with both digitalis and quinine. This latter, I believe, both tends to close the sinuses and regions from which infection might occur, and to promote involution as well as slightly to increase the blood pressure. The latter I consider to be a distinct advantage.

STYPTICS.

Dr. Playfair states that in severe cases where the uterus obstinately refuses to contract in spite of all our efforts—and do what we may, cases of this kind will occur—the only other agent at our command is the application of a powerful styptic to the bleeding surface to produce thrombosis of the vessels. The latter, says Dr. Ferguson in his preface to Gooch on Diseases of Women, appears to be the sole means of safety in those cases of intense flooding in which the uterus flaps about in the hand like a wet towel. Incapable of contraction for hours, yet ceasing to ooze out a drop of blood, there is nothing apparently between life and death but a few soft coagula plugging up the sinuses. These form but a frail barrier indeed, but the experience of all who have used the injection of a solution of perchloride of iron in such cases proves that it is thoroughly effectual, and its introduction into practice is one of the greatest improvements in modern midwifery. The dangers of the practice have been strongly insisted on, but there are only one or two cases on record followed by any evil effects. Its extraordinary power of instantly checking the most formidable hæmorrhages is well known to all who have tried it. Indeed, Playfair goes so far as to say that no practitioner should attend a case of midwifery without having his styptic