

to the yielding condition of the head. It was a female child of quite average size, very much decomposed—so much so, that it must have been dead three weeks or a month. The chloroform was stopped, and as she made an expulsive effort I thought the placenta was about to be thrown off; but on examination, I found another bag of membranes protruding, which I ruptured, and after giving her a little more chloroform, I delivered the second child with the forceps. It was a fine, healthy, vigorous girl, which cried lustily directly she was born. The perineum was much stretched with the second delivery, but I did what I do in most cases when I fear rupture—I incised the upper edge of the perineum, so that if rupture does take place, it does not go through the sphincter. The mother never had a bad symptom.

Similar cases to the above have, no doubt, occurred, but it must, I think, be very unusual to find one child so much decomposed and another so healthy occupying the same tenement.

Some two or three years since, I attended a lady who was delivered at full term of a boy, and on removing the placenta—a large one—I found one side had undergone calcareous degeneration. When examining this, I found in the calcified portion of the placenta a small mummified fetus, quite perfect—so much so, that the sex, that of a boy, was quite distinguishable, showing it to be at least a three, if not a four, months' fetus.

Much has been written lately in the *BRITISH MEDICAL JOURNAL* about the administration of ergot. As my experience extends to between three and four thousand cases, I may be pardoned for occupying space. Since I commenced practice, I have always used it; at first sparingly, but gradually more frequently, until now I give it, I should think, in nine out of every twelve cases, that is excepting primiparae. In my earlier days I everlastingly had cases of *post-partum* hemorrhage: such is now quite an exceptional thing. If I have any suspicion, either from previous experience of the patient, or inefficiency of pains, I always give a dose before the birth of the child and the preparation I have used for years is Richardson's *Liquor scellae ammon.* I believe I have tried almost every other, English and otherwise, but I have found no other preparation so certain in its action; the ammonia it contains is useful in reviving the patient after her trouble is over.

I well remember a lecturer on midwifery saying, "If you give ergot, and the child is not born within an hour, you are sure to have either a dead child, or one in an asphyxiated condition." My experience has not proved this. Others I have heard say, "Ergot causes irregular or hourglass contraction." I am quite sure I have had fewer cases of hourglass contraction since I used ergot extensively than I had in my earlier years of practice. When administered in suitable cases, namely, with a dilated or dilatable os, a natural presentation, and only efficient pains required, it is a valuable help, and not only a valuable help to the birth of the child, but as a means of preventing hemorrhage afterwards.

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BOOKS, Etc., RECEIVED.

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