

write at least one entertaining novel, for no one has the privilege of seeing human nature both at its best and worst as he has. Every man, Froude tells us, ought to be able to write a novel after his experience."

THE USE OF ERGOT IN TREATMENT OF LINGERING LABOUR.

DR. THOMAS MORE MADDEN (Dublin) writes: I need hardly point out that the necessary brevity of the published report of the debate on Dr. Playfair's paper did not permit of more than a brief summary of the opinions advanced by those who, like myself, took part therein. At the same time, however, I trust that even in the published abstract, as well as at the meeting, I succeeded in giving expression to my firm faith, founded on long clinical experience, in the value of ergot as a stimulant to uterine action when judiciously administered in efficient doses and in suitable cases. The instances of lingering labour which I specified as thus suitable for its exhibition were those in which the second stage was delayed by inertia of the uterus, the presentation being natural, and no other impediment to delivery existing. That the utility of ergot under such circumstances should be for a moment questioned by any practical obstetrician appears to me wholly inexplicable.

As to the fetal dangers which are now held by some eminent authorities to contraindicate the administration of this drug under almost any circumstances, I can only say that in a lengthened experience of the employment of ergot in midwifery practice I have not myself as yet observed those disastrous effects in any single instance. And hence I am inclined to think that the foetidal potency ascribed to ergot is more properly attributable to the abuse than to the use of this remedy. Thus, if any active preparation of ergot be given, as too often is the case, in small or insufficient and, above all, because insufficient therefore frequently repeated, doses, during labour, a state of tonic spasm or contraction of the uterus is likely to be produced, by which the circulation of the foetus may be imperilled or arrested. Whilst, on the other hand, if ergot or ergotine be given in those bold, full, and effective doses which I recommended at the Birmingham meeting and elsewhere, the result in the great majority of cases will be the speedy establishment of that clonic or intermittent uterine action, the temporary cessation of which, or inertia of the womb, is the most frequent cause of delay in the second stage. This re-establishment of uterine action will then, of course, be followed not only by delivery but also by a subsequent contraction, which will ensure the patient against the probability of post-partum hemorrhage.

Having been taught these views in my earliest professional life, and having acted on them ever since in my own practice and clinical teachings, I should have deemed it superfluous at the present time to discuss again a question which—to say nothing of older authorities—was, so far back as my student days, elaborately investigated and, as I thought, settled beyond possibility of further controversy by the careful experiments of the late Dr. Denham and others, were it not that this very same question has once more been now re-opened. Thus, at the meeting already alluded to, some astonishment, or, rather, reproval, was expressed by more than one speaker at the full doses of ergot which, as I may here repeat, I have found safe and successful in the treatment of uterine inertia in labour and in the prevention of flooding after childbirth. Moreover, as an examiner in midwifery, I have lately had experience of the ignorance of too many embryo surgeons concerning the proper use of ergot in midwifery practice. This matter is one of too much importance to be left undetermined, and I would therefore hope that other obstetricians may be induced to contribute their clinical experience towards its final settlement.

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BOOKS, ETC., RECEIVED.

- The Medical Student's Manual of Chemistry. By R. A. Witthaus, A.M., M.D. Third edition. New York: William Wood and Co. 1890.
- A Compend of Dental Pathology and Dental Medicine. By G. W. Warren, D.D.S. Edinburgh: Young J. Pentland. 1890.
- Bacteriological Technology for Physicians. By Dr. C. J. Salomonsen. Authorised translation from the second revised Danish edition. By William Trelease. New York: William Wood and Co. 1890.
- A Compend of Equine Anatomy and Physiology. By William R. Ballou, M.D. Edinburgh: Young J. Pentland. 1890.
- Medical Diagnosis, with Special Reference to Practical Medicine. By J. M. Da Costa, M.D., LL.D. Seventh edition; price 24s. London: Smith Elder and Co. 1890.
- Quain's Elements of Anatomy. Edited by Edward Albert Schäfer, F.R.S., and George Dancer Thane. In three volumes. Tenth edition. London: Longmans, Green, and Co. 1890.
- A Zoological Pocket Book. By Dr. Emil Selenka. Translated from the third German edition. By J. R. Ainsworth Davis, B.A. London: Charles Griffin and Co. 1890.
- Theory of Physics. By Camilo Calleja, M.D. London: Kegan Paul, Trench, Trübner and Co. 1890.
- Descriptive Catalogue of the Specimens illustrating Medical Pathology in the Museum of University College, London. By Charles Stonham, F.R.C.S. Published by the College. 1890.

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