

**REPORT OF THE UNIVERSITY LYING-IN HOSPITAL, MONTREAL, FROM OCTOBER 1<sup>ST</sup>, 1867, TO OCTOBER 1<sup>ST</sup>, 1875.**

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**THE University Lying-in Hospital is a small building, in which, on an average, 120 women are confined yearly. It has but two wards for women who have been confined, each containing four beds. There is also a separate room**

for private patients. The class of patients admitted into this institution is much the same as is generally found to seek the benefits of maternity hospitals in other parts of the world. It comprises poor married women, some of whom are reduced greatly in strength by improper and insufficient nourishment, whilst it is not uncommon to meet with others whose constitutions are suffering from excessive indulgence in spirituous liquors; unmarried women who have led irregular lives, and young girls who have been the victims of the seducer.

During the eight years from October 1st, 1867, to October 1st, 1875, there were 995 women delivered in the Hospital. Of these 987 made good recoveries, and 8 died, the mortality being in the proportion of 1 in 124½ cases. Seven of the deaths were from puerperal fever, which invaded the hospital in an epidemic form in the years 1871 and 1872. The first outbreak of this dangerous complaint of parturient women occurred in the month of February, 1871, and of 5 patients seized 3 died. The disease had prevailed in the city during the winter of 1870 and 1871, and had proved fatal in numerous instances, and apprehensions were entertained that it would eventually make its appearance in the hospital. The first case occurred in a poor, enfeebled and, according to her own statement, half-starved woman, who was admitted in a state of labour from the suburbs of the city. Three hours after her admission she was delivered, and five hours subsequently the disease made its appearance being ushered in by the most violent symptoms. Within two days four other patients were attacked, two of whom had been delivered before, and two subsequently to her admission. To prevent the further spread of the disease all the patients not yet confined were dismissed, and the institution closed for the period of a month. It was then thoroughly cleansed and disinfected, and no other case occurred until the month of April, 1872. As in the previous year puerperal fever was rife in the city many months before it broke out in the hospital, so that in the two instances in which it

has during these eight years appeared in an epidemic form in this institution it has been in both imported from without; in neither did it *originate* in the hospital. In the latter epidemic there were 8 women attacked of whom 4 died. The limited amount of disposable space in the present building of the institution rendering it altogether impossible to isolate the sick from those recently confined; it was again closed to patients for a period of six weeks. Since its reopening in June, 1872, there has been no case of puerperal fever. The eighth death occurred in a woman who, when admitted, was in an advanced stage of chronic Bright's disease. She was generally anasarca, the labia being enormously swollen. The urine was loaded with albumen, and contained numerous granular casts. She was safely delivered of twins, both living; but nearly lost her life from post-partum hæmorrhage. She died on the fourth day after labour with symptoms of uræmic coma.

Of 998 children born, 959 presented the vertex; 11 the breech, 7 the feet; 1 the knee; 2 the shoulders; 2 the face, and 3 the funis. There were 3 twin births, and 3 abortions. There were 948 children born alive—483 males and 465 females; the still-births were 47—35 males and 12 females. The proportion of still-births to living children being 1 to 20. The average length of the children was—males 20 inches—females 19½ inches. The average weight—males 7 lb. 13 oz—females 7 lb. 11 oz. 105 males and 61 females weighed 9 lbs. and upwards. The heaviest male child weighed 11 lb. 12 oz.; the heaviest female 11 lb. 6 oz. The average duration of labour in 992 cases was eight hours forty-five minutes. The average period at which the membranes ruptured before delivery was three and a half hours. The average weight of the placenta was 1 lb. 7 oz., and the average length of the cord was 23 inches. There were two placentæ born with single children, weighing each over 3 lbs. The larger weighed 3 lb. 2 oz., and belonged to a child weighing 9 lb. 4 oz.; the smaller weighed 3 lbs.

1 oz., the child weighing 9 lb. 8 oz. There was also a single placenta accompanying a twin birth which weighed 4 lb. 4 oz. The longest cord measured 48 inches, the shortest 10 inches.

Instrumental interference to complete the delivery was required in 20 cases of labour. In 19 the forceps was used, and in 1 the perforator. The frequency with which the forceps was applied was once in  $52\frac{1}{2}$  cases. Thirteen primiparæ, and the difficulty in these was attributed to three causes operating either singly or in combination, namely, rigidity of soft parts, occipito-posterior positions of the head, and the funnel-shaped pelvis. The rarity of deformity and disproportion of the pelvis from disease is remarkable in Canada, and is no doubt due to the circumstance that in this country females of tender years are not obliged to do bodily labour under defective hygienic conditions which would have a tendency to interfere with the proper nutrition of their system, retard their development, and cause deformity of the pelvis. Of late years, however, cotton, tobacco, and india-rubber factories have been established in this city giving employment to numerous young girls, and it remains to be seen if in the future we may not meet with obstructed labour from distorted pelvis more frequently than we do at present. The unhealthy anæmic appearance of many of the females employed in these factories, warrant us in advancing the opinion that after the lapse of some years a proportion of those who enter on the work at a tender age may have their nutrition seriously impaired, the bones softened or diseased, and their pelvis deformed.

In the 6 remaining cases the forceps was applied *thrice* to complete the delivery in labour complicated with convulsions; *once* in a case of twins to extract the first child, the second being born by the natural efforts; *once* in consequence of symptoms of exhaustion appearing in a protracted labour with the eighth child, and *once* in narrowing of the conjugate diameter of the brim with prolapse of the funis. The last was the only instance in

which the forceps was applied to the head above the brim ; in all the others the head had descended into the cavity, or had been arrested near the outlet. In the 19 forceps operations all the mothers recovered, and 16 of the 20 children were saved. The forceps used were Rigby's and Simpson's long forceps, both of which have the pelvic curve. The long double curved forceps, of which there are numerous modifications, being equally applicable whether the head of the child be above the brim, within the cavity, or near the outlet, no other model is employed in this hospital.

The perforator was used *encc* to diminish the size of a hydrocephalic head. There were several points of practical interest in this case. A strong robust young woman was admitted into the hospital in labour with her second child. On examination the shoulder was found presenting at the brim ; and the funis, much swollen and discoloured, protruded some distance from the vulva. She stated that labour had commenced about eight o'clock in the morning ; that "the waters had escaped" about ten o'clock, and that the pains had been very powerful throughout the day. It was at this time eight o'clock in the evening, so that *ten hours* had elapsed since the rupture of the membranes. The greatest difficulty was experienced in turning the child in consequence of its firm impaction in the brim, and the uterus being strongly contracted upon it. The patient being placed fully under the influence of chloroform, we succeeded, after cautious and repeated efforts, made during the intervals of the pains, in introducing the right hand into the womb. A foot was readily seized and brought down below the brim. The child, however, was so impacted in the brim, it was impossible to bring the leg down. The left hand was then introduced, as the right was altogether useless from fatigue and the effects of pressure, and the second foot also seized and brought down into the upper part of the vagina. The two feet of the child were then secured, but it was found impossible by any amount of traction that could be exerted under

the circumstances to bring down the limbs and cause the body to revolve in the uterus. A loop of strong tape was then carried over the foot to the leg of the child and securely fastened. By drawing on this with one hand and at the same time pressing the shoulder firmly upward with the other hand introduced into the vagina, the shoulder receded from the brim, the inferior extremities came down and version was accomplished. As the patient's first labour had been perfectly natural and unattended by the slightest difficulty, and as the action of the uterus continued strong and vigorous, no further trouble was apprehended. The head of the child, however, not being expelled, notwithstanding the presence of strong uterine action and the aid given to bring it down, a careful examination was made. The base of the cranium was found firmly wedged in the brim; and the womb, as felt through the abdominal walls, was larger and firmer than usual and quite globular in outline. We now decided that we had a head enlarged by hydrocephalus to deal with. We then perforated the skull behind the ear, a gush of water followed, and the collapsed head was instantly expelled. The patient subsequently had no unfavorable symptom, and indeed felt so well that she insisted on leaving the hospital on the seventh day after delivery.

*Version* of the child was performed in two instances of shoulder presentation. Both were complicated with prolapsus of the funis. The mothers recovered, but the children were killed by pressure on the cord. In the case quoted above, the cord had been prolapsed for ten hours, and was swollen and pulseless when the patient entered the hospital. In the other, a primipara, the membranes ruptured before the matron had examined her, and the cord came down with the gush of the waters. Fully an hour had elapsed before we saw her, and by that time all pulsation had ceased in the cord.

*Hæmorrhage* occurred after delivery in six cases, or in the proportion of 1 in 166. All the mothers were saved.

The treatment consisted in strong grasping pressure on the fundus uteri; the sudden application of cold to the hypogastrium and sacrum, the introduction of pieces of ice into the vagina, and in two cases the introduction of the hand into the uterus. Ergot of rye was also given when the patient was not much depressed. The hypodermic injection of ergotine has not been tried, as we have not had a labour complicated with hæmorrhage since this mode of administering this oxytocic has been introduced into practice. Neither have we considered it necessary to employ astringent injections into the cavity of the womb. The immunity of labours in this hospital from the accident of post-partum hæmorrhage is no doubt partly due to the care with which the uterus is attended to during the expulsion of the body and limbs of the child, and the subsequent separation of the placenta. The rule laid down for the attending student is:—to support the fundus during the contractions which expel the body of the child, to carefully avoid making any attempt to extract the limbs if they should not be expelled at the same time as the body, to make the nurse keep up the pressure on the fundus while he attends to the separation and removal of the child; to relieve the nurse after he has done so, and wait patiently until the uterus has resumed its action; to make firm pressure when he feels the womb contract strongly, and if the placenta be not then expelled, to use no force but wait for another contraction and assist in the same way, continuing this until the afterbirth comes away; and lastly, *not to touch the cord* unless from the circumstances of the case he has reason to suspect morbid adhesion of the placenta, in which event the physician accoucheur is to be sent for. But this immunity is also greatly to be attributed to the care with which the *adherent membranes* are treated. It is well known that the decidua reflexa is frequently firmly attached to the decidua vera at the lower part of the uterus, and the effect of this in rendering labour tedious by prolonging the first stage was pointed out by Dr. Inglis, who recom-

mended, in cases of lingering labour in which the "bag of the waters" was not formed in consequence of this adhesion, the separation of the membranes from the uterus with the finger or with "Hamilton's bolt;" an excellent recommendation, which we have often successfully adopted in practice. It is well known, also, that the membranes are frequently prevented from coming away with the after-birth, and that there is a risk of a portion being torn off and left in the uterus, and when so retained being likely to give rise to severe post-partum hæmorrhage. Authors describe this retention as the result of the membranes being "caught" and held firmly by the contracted uterus. When the membranes are very thick and bulky, they may certainly be closed upon and held by the rapidly contracting womb; but, in our opinion, this is far from being generally the cause of retention of the membranes. The principal cause is the adhesion of the membranes to the lower part of the womb; and if great care be not taken to separate the adhesion with the fingers, a portion is likely to be left behind, and thus be the cause among other evils of hæmorrhage. From the fact, moreover, of these adherent membranes being generally unusually thin and attenuated, there is great danger of their being torn by slight traction made on them.

Retention from adhesion is easily distinguished from that caused by contraction of the womb. When the placenta is turned several times in the left hand held on a level with the vulva the membranes are twisted into a cord-like form. If, now, the finger of the right hand be introduced into the vagina and the membrane examined, it will be found that in cases of adhesion they have become twisted nearly as high up as the os uteri, but at this point they spread out towards the interior of the womb and offer an obstruction to the finger; whereas, when merely closed upon and held by the womb the twisted membranes gradually taper to a point, and the finger can be readily carried around them. The rule in this hospital is to make no traction whatever on the membranes when they



are not expelled from the vagina with the placenta, but to twist them, and then ascertain if they be adherent. If found to be attached to the uterus they are to be carefully separated by the finger and extracted. They are then to be examined to ascertain if they have been entirely removed.

There were seven cases complicated with *convulsions*. In all the mothers recovered. In five the children were born living, and in two the children were stillborn. The urine was examined in each case and, with one exception, was found albuminous.

The first case occurred November 23rd, 1869, in a strong robust young girl, aged nineteen, in labour with her first child. She was seized with convulsions just at the termination of the first stage. The paroxysms were very severe, the face becoming greatly congested and remaining more or less so during the intervals. Twenty-five ounces of blood were drawn from the arm with marked effect. The fits became less frequent, and there was not so much congestion of the face and head. Chloroform was administered during the paroxysm, and 30 grains of the bromide of potassium given every second hour. A castor oil and turpentine enema was also given, and ice applied to the head. The labour not progressing very rapidly and the head of the child having come down into the pelvis, the forceps were applied and delivery completed. The child, a male, was dead and weighed 8 lb. 12 oz. The labour lasted nine hours. She remained in a semi-conscious condition, the convulsions recurring at longer and longer intervals until the evening of the next day, when they ceased, and she made a good recovery. The bromide of potassium was continued after labour in the same dose, 30 grains every fourth hour.

The second, a primipara, aged twenty-eight, was seventeen hours in labour, and gave birth to a dead child, a male, weighing 8 lb. 13 oz. She was apparently doing well, but twenty-four hours after labour was seized with convulsions. Her urine was found to contain a notable

quantity of albumen. She was placed on large doses of the bromide of potassium; chloroform was administered, and a terebinthinate enema given.

The third was a delicate young girl, aged seventeen, of a highly nervous organisation, in labour with her first child. She was very irritable and intolerant of her pains. The labour lasted twenty-six hours, and she gave birth to a female child weighing 7 lb. 4 oz. The first stage was very tedious, occupying twenty-four and a half hours. The first fit of convulsions came on at 4 p.m. at which time the os uteri was not more than half dilated. This paroxysm had a remarkable effect on the progress of the labour. The os was fully dilated at 5 p.m. when a second convulsive attack occurred, and at 7 p.m. she was delivered by the natural efforts. The child was living. An examination of the urine proved it to be free from albumen. Altogether the patient had five convulsive seizures, three before and two after labour. Treatment consisted in the administration of the hydrate of chloral and the bromide of potassium, with beef tea and wine. This case occurred February 15th, 1874.

The fourth, aged nineteen, a primipara had a tedious labour in consequence of premature rupture of the membranes with occipito-posterior presentation of the head. After eleven hours of suffering the os uteri was not more than two thirds dilated. She then became very restless and impatient, and suddenly had a fit of convulsions. We did not see her until two hours after, up to which time she had had three paroxysms. She was immediately placed under the influence of chloroform, and, on examination, the head of the child being found in the cavity of the pelvis and the os fully dilated, the forceps were applied and the delivery completed. The child, a male, weighed 9 lb. 8 oz., and was born alive. The convulsions continued at intervals for forty-eight hours after delivery, during which time she took 200 grains of the hydrate of chloral and 8 drachms of the bromide of potassium. Calomel also was given followed by a black draught, and

ice applied to the head. The motions were very copious, dark coloured, and highly offensive.

The fifth, aged thirty-two, was six and a half hours in labour with her second child, a male, weighing 7 lb. 1 oz. She had œdema of the extremities and her urine was highly albuminous. When the os was fully dilated she was seized with eclampsia. The forceps were applied, and the usual treatment adopted. She recovered without a bad symptom.

The sixth, aged twenty-six, was safely delivered after a labour of nine and a half hours duration of a female child weighing 10 lb. 6 oz. Twenty-four hours after delivery she complained of severe frontal headache with nausea; and the urine being examined was found to contain about 10 per cent. of albumen. She had a slight convulsion which was followed by two others at intervals of ten minutes. She had during eighteen hours sixteen convulsions. Hydrate of chloral was injected hypodermically by Dr. Roddick who was called upon in our absence from the city. It was administered in this way in consequence of the difficulty that was experienced to get the patient to swallow anything. Altogether she received hypodermically  $1\frac{1}{2}$  drachms of hydrate of chloral in ten injections. A turpentine-and-soap enema brought away a large quantity of very offensive fæces. A hard swelling about the size of a small pigeon's egg formed at the site of each injection. Over one of these a superficial slough formed about the size of a sixpence, leaving after separation an ulcer that healed rapidly. All the others were gradually absorbed and entirely disappeared.

The seventh was a strong healthy girl, a primipara, aged nineteen, who gave birth to a living female child weighing 8 lb. 1 oz., after a labour of sixteen hours' duration. Two and a half hours after delivery she had a severe convulsion which was followed by two others within the space of half an hour. Twenty-five ounces of blood were drawn from the arm; this arrested the convulsions, and she slept tranquilly for three hours. She then had a

fourth convulsion. Bromide of potassium and hydrate of chloral were now prescribed, and ice applied to the head. A free evacuation from the bowels was obtained by a turpentine and castor oil enema. The paroxysms continued to recur at short intervals until the afternoon of the next day when they ceased. She remained, however, for three days in a semi-conscious state, very restless, with an accelerated pulse, a dry, hot skin, and great thirst. Perfect quiet, a darkened room, liquid nourishment, and the free administration of the *Liquor Ammoniae Acetatis* relieved these symptoms, and on the fifth day she was perfectly conscious and made a rapid and satisfactory recovery. She had altogether twenty-one convulsions within twenty-two hours.

From this record it will be perceived that *venesection* was had recourse to only twice in the treatment of seven cases of convulsions; but we may state that this circumstance was not due to any want of faith in the efficacy of this remedy in puerperal eclampsia, but simply to the fact that the class of patients admitted into the hospital will not, as a rule, bear depletion, and the same, we believe, may be said generally of women living in cities. In a similar case to those in which we employed it, that is in a case of puerperal convulsions occurring in a strong robust young woman, accompanied by great congestion of the head and face, the patient being comatose in the intervals, we would not hesitate to draw blood from the arm. By so doing we believe that one would place her in a more favorable condition to be benefited by the other remedies employed to control the convulsive paroxysm.

In three cases labour was followed by *puerperal insanity*. The first was an unmarried female, a primipara, aged thirty-three, who was admitted as a private patient. She was 5 feet 9 inches in height, thin, and of sallow complexion. She had for years been troubled with a tumour of the uterus for which she had consulted various physicians, who agreed in opinion that it was fibroid in character. It occupied the right side of the fundus and formed a

large, rounded, and hard projection from the surface of the womb, with which it was connected by an extended base. She had been the subject of metrorrhagia, and on two occasions her life was despaired of in consequence of the enormous quantity of blood lost. To allay the pain from which she suffered she had been allowed to take opium freely, and she had become an habitual opium eater. During the two months she was in the hospital before the date of labour, she had in a measure conquered the craving desire for opium. On the 17th August, 1870, she was delivered, after a severe labour of thirteen and a half hours' duration, of a living male child weighing  $7\frac{1}{2}$  lbs. The breech presented. A dose of ergot of rye was given just before the breech was born, and followed by another after the expulsion of the child. Severe hæmorrhage occurred before the expulsion of the placenta, but it was controlled by the introduction of the hand into the uterus, the removal of the placenta, and the subsequent application of pressure to the fundus of the womb with the introduction of ice into the vagina. On the third day after labour she had an attack of acute mania. She was very violent and abusive, and four students were required to restrain her movements and to keep her in bed. Large doses of the bromide of potassium in combination with opium were given, and this treatment had the effect of quieting her restlessness somewhat, although she remained as talkative and as abusive as before. She required constant watching as she was disposed to inflict injury on others. Once when left a moment to herself she leaped from the bed, rushed around the room, and when the nurse, with the student in attendance, came into the room to secure her, she struck the nurse a violent blow on the chest that felled her to the ground. Hydrate of chloral, which shortly before had been introduced into practice, was tried on the fourth day. The first dose of 30 grains procured about half an hour's sleep. She obstinately refused to take a second dose. The bromide of potassium was continued with nourishing diet, and half a drachm

of the tincture of opium given at bedtime. On the ninth day we made another trial of the hydrate of chloral, which she now took willingly. It had the effect of producing a sound sleep of several hours' duration, from which she awoke more collected and natural than she had been. From this time her improvement was rapid. On the twelfth day her friends arrived from the United States, and insisted on taking her home with them, although warned of the risk of removing her so soon. When she left, her mind was quite restored, and she conversed quietly and sensibly. Her pulse was 92 and her temperature 99° Fahr.

The second was a young girl, aged nineteen, who had been seduced, and who exhibited great distress of mind concerning her condition. Her labour was perfectly natural. Five days after she had an attack of mania. She improved under treatment and became more quiet and manageable; but after the lapse of two months the mental aberration continuing she was sent into the Provincial Lunatic Asylum, at Beaufort. In this instance there was a family history of insanity, her father having died in a lunatic asylum.

The third was a large, exceedingly stout girl, aged twenty-one, a primipara. Her labour was natural, and she progressed favorably until the sixth day after delivery. On that day she received a severe mental shock from accidentally seeing a girl in the hospital who worked in the same millinery establishment, and a few hours after became furiously maniacal. Her language was filthy and abusive, and she had strong homicidal tendencies. For seven days she had to be watched constantly by relays of two students, as one would be unable to control her during her fits of maniacal excitement. On one occasion while the matron was leaning over her to arrange the bed-clothes she suddenly seized her by the throat, and it was with great difficulty the matron was rescued from strangulation. In this case the hydrate of chloral given at first in 20 grain doses every fourth hour, the interval being

gradually increased as the remedy produced its hypnotic effects and the patient improved, was of decided benefit. In three weeks she was sufficiently restored to be able to leave for home, and she had no return of the mental disturbance. In the treatment also a free action of the bowels was maintained by warm purgatives, and she was kept on a highly nourishing diet.

Among the curious things that were met with in the practice of the hospital during these eight years may be mentioned the following :—One child with a supernumerary finger in each hand ; one with the two lower incisor teeth at birth ; a placenta succenturiata ; and a blighted foetus, with a healthy well-formed child. In the last the foetus was perfectly flattened by pressure. The outlines of the head, face, and extremities were very distinct, and the ear and umbilicus distinguishable. It measured six inches. The living healthy child weighed  $7\frac{1}{2}$  lbs.

The youngest mother confined in the hospital was thirteen years old. She was a private patient, and when admitted was in short dresses. Although she was short in stature her hips were wide, and her chest well developed. Some days before labour set in an examination of her pelvis was made with Dr. Lumley Earle's pelvimeter. The bulbed extremities could be separated at the brim to the extent of  $3\frac{1}{2}$  inches without causing her too much pain, and we therefore concluded that no obstruction would be offered to the passage of the head from narrowing of the conjugate. By digital examination the pelvis appeared to be sufficiently roomy in other directions. Her labour was natural, of ten hours' duration, and she gave birth to a male child weighing 7 lb. 1 oz. She was confined on the 13th September, 1869, and her fourteenth birthday was in the following month of December.

Dr. Godson called attention to the average weight of the children recorded in the above paper. That of the males was 7 lb. 13 oz., of the females 7 lb. 11 oz. He had recently weighed a number of children delivered at the City of London Lying-in

Hospital, and found the weight of the males averaged 6 lb. 13 oz. and of the females 6 lb. 10 oz. ; that was in each case a pound less than the figures given by Dr. MacCallum.

Dr. MURRAY said that in the cases which he had noticed where a small portion of membrane had been retained some days and then expelled, he had not seen the hæmorrhage described by the author of the paper. The membranes *not* being attached to the placental site, it was he thought difficult to understand how bleeding could result from their retention.

Dr. EDIS called attention to the number of still births, 47 in the 995 cases, or about 1 to 20. It is true the average weight of the children was about that usually found in this country, but when we were further told that forceps were only resorted to in 19 instances, or about once in every 52 cases, the explanation appeared evident. It was a question whether the percentage of still birth might not be materially diminished by a timely application of forceps. Many practitioners were in the habit of trusting too implicitly to nature, allowing the patient to endure much needless suffering and jeopardizing materially the life of the infant, when by a little judicious assistance they might aid the otherwise fruitless efforts of the uterus to overcome the resistance, and terminate labour hours, and in many cases days before nature herself would accomplish it.

Dr. ROPEZ remarked on the desirability of using ergotine by hypodermic injection. In the most severe cases of flooding, where the organic functions of life were at such low ebb, it was useless to give ergot by the stomach, because it was almost always immediately vomited, or if retained, the absorptive function of the stomach was temporarily in a state of abeyance. A remarkable feature in so small a number of cases as 995 was the occurrence of so many of a neurotic kind ; thus, there were seven cases of eclampsia and three of puerperal mania. Are the women of Canada naturally more neurotic than those of Great Britain? During the past year (1877), 2409 women were delivered in the Eastern Division of the Royal Maternity Charity, with the occurrence of only one case of eclampsia. Among 10,000 women delivered in this same Charity during the last four years there has been but one case of mania. There seemed great difficulties in the way of explaining such a contrast.

Dr. JOHN WILLIAMS said that when ergotine was injected beneath the skin it caused a good deal of irritation and gave rise in some cases to abscess. The active principle of ergot had been discovered and named sclerotic acid. It was soluble in water, one grain dissolved in six minims. The dose was half a grain. It caused far less irritation than ergotine. He had used it in a large fibroid with the result of arresting the hæmorrhage and diminishing the size of the growth.

In answer to Dr. Edis Mr. J. D. BROWN said,—I have waited,



Sir, to see if any Fellow would rise to say a few words on behalf of country practitioners. As no one has done so I venture to express my opinion that Dr. Edis has been singularly unfortunate in his experience of country practice. Of course there can be no doubt that the special cases he has mentioned were serious cases of dangerous neglect, but I think, that when a lady mentions, as Dr. Edis says, that she was allowed to go on for several days in labour, it is probable, unless anything is shown to the contrary, that the delay was in the first stage before the os uteri had dilated, and that therefore there was no harm in waiting. As regards my own practice I do not hesitate to use the forceps if I find there is no progress after full dilatation of the os, and I should feel ashamed of myself were I to allow a case to go on for two hours without progress after such dilatation is complete.