

valved speculum ought to be used, the cylindrical instrument does not embrace a sufficient portion of the hypertrophied cervix. At first there is observed on the uterus and fundus of the vagina a quantity of purulent mucus; on removing this, the disease becomes visible, the first thing that strikes the eye is hypertrophy of one or other lip, or of the whole os, and then the ulceration with which it is complicated.

As to the treatment, nothing is more simple or certain. The disease is invariably cured in the course of a few months, by the means employed at St. Louis. Two lesions have to be considered, the one depending upon the other, viz., ulceration and hypertrophy. If these be merely aphthous ulcerations, slight cauterization with the acid nitrate of mercury, or even with the nitrate of silver, speedily produces cicatrization; the remaining hypertrophy, if it is not considerable, may be cured by the ordinary means. If the hypertrophy exist to a great degree, the actual cautery is used from the commencement. The same remedy is used for the third species of ulcer, so as to produce an eschar more or less deep. The cure is generally accomplished in from two to four months, but a sensible amelioration in regard to the pain and leucorrhœa is perceptible during the first week. It seems probable that concentrated heat causes such a modification of the diseased tissues, as to dispose them to the healing process. We earnestly entreat attention to the above facts; the disease is both frequent and disastrous among all classes, and especially in large towns.—*Annales de Therapeutique*, Avril 1845.

THE INVERTED UTERUS SUCCESSFULLY REMOVED BY LIGATURE.

By Dr. MCCLINTOCK, Assistant Physician to the Dublin Lying-in Hospital.

The subject of this case was admitted into the hospital on the 30th of August, 1844, æt. 24. As far as could be ascertained she had been the subject of difficult labour with pre-natural presentation, and the attendant had made use of force in extracting the child and placenta. The following morning a tumour made its appearance at the os externum, which was soon replaced; the tumour, however, prolapsed several times subsequently. She then became subject to profuse hemorrhagic losses by which she was much reduced.

Upon examination per vaginam a globular tumour was readily felt, round which the finger could be freely carried, and encircling the upper portion, the os uteri was plainly preceptible. On the 18th September Dr. Johnson applied a ligature of strong fishing-line around the neck of the tumour by means of Gooch's canula; after it was tightened she complained of some pain in the back. On the evening of the next day it was necessary to relax the ligature, in consequence of continued nausea and pain in the belly. To relieve the more urgent symptoms of pain and loss of rest, it became necessary to administer opiates. Within the first two or three days the catheter was also required.

On the 18th day after the application of the ligature it was found that the neck of the tumour was more than half divided, and on the 28th day Dr. Johnston completed the separation by incision. From this time the patient went on satisfactorily in every respect, and was seen in perfect health six weeks afterwards.—*Dublin Journal* March 1845, p. 48.

ON THE EFFECTS OF ERGOT OF RYE ON THE PARTURIENT FEMALE AND HER OFFSPRING.

By SAMUEL HARDY, M.D.

[Long as has been the practice of administering the secale cornutum as an obstetrical medicine, its effects, both salutary and the reverse, are far from distinctly ascertained. The object of the communication, which we shall here condense,

is that of rendering our knowledge upon the subject more precise. In carrying out this object, the author investigates the action of the medicine under the following different points of view]:—

1. *As to the time the action of the ergot on the uterus commences.* From certain tables, this time appears to be in some cases as early as seven minutes after its exhibition, while in others a much longer period is required; the average time appears to be about ten or fifteen minutes. The author considers that it has always commenced within twenty-five minutes at the furthest, when the child has been expelled alive. On the other hand, if a longer time than this has elapsed, instruments have been necessary, and the infant has been born dead. The beneficial action of the ergot is evidenced by the pains running into one another without any appreciable interval.

2. *Effect on the maternal pulse.* This part of the inquiry is one of considerable interest, and has not received the attention from practitioners that it deserves. In nineteen cases recorded by the author, there was a marked diminution in the frequency of the mother's pulse, after the administration of the ergot; and this effect generally commenced within fifteen minutes of its exhibition. In all cases in which the maternal pulse was affected, the fetal heart underwent a corresponding change. Here a practical question naturally arises, Is ergot a safe remedy in relaxation of the uterus, when the woman is reduced by previous hemorrhage? [The author does not give us any decided reply to this question, but contents himself with allusion to a single case in point, in which alarming prostration followed its exhibition.]

3. *The effects of ergot on the fetal heart.* This is said to be still more remarkable than the effect upon the maternal pulse, and therefore demands serious consideration. By reference to the tables, it will be found that in the majority of cases a diminution in the pulsation of the fetal heart, followed the exhibition of ergot. The period at which this commences does not differ from that previously noticed, namely fifteen minutes; the most usual effect noticed by the author is a diminution, in the first place, of the frequency of the pulsations, which is succeeded shortly by irregularity in the beats, or complete intermission. The author here states a practical fact, deduced from his own observations, to the effect that the child is generally lost, however speedily the delivery be completed, if the pulsations of the fetal heart are reduced below 110, and at the same time become *intermittent*. The intermissions are a point of great importance in this statement, for the reduction of the pulse below 110 without this concomitant is not necessarily a fatal symptom.

Many different opinions have been broached as to the modus operandi of the ergot in destroying the life of the fetus, some attributing it to the powerful compression exercised by the uterine wall, others to specific poisonous effect of the medicine. The author thinks that each opinion may, to a certain extent, be correct, but leans evidently to that which attributes it to the poisonous qualities of the ergot.

The depressing effects of ergot upon the fetal heart are so great, that a considerable time elapses after birth before the child can be restored. The author has observed that children equally weak are restored to animation with much less difficulty when ergot has not been given.

The author, in alluding to the proper time at which the ergot should be given for the purpose of restraining or preventing "post partum" flooding, states, that there are three periods at which the medicine may be administered;—first, when the head is about to pass; secondly, after it has been expelled; and thirdly, as soon as the index-finger can reach the insertion of the funis into the placenta.

4. *The state of the uterus and lochial discharge.* After the use of ergot, the uterus has frequently been found much larger than in ordinary labours, as has been remarked also by Dr. Johnson. The lochial discharge was sometimes pale