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ERGOT IN OBSTETRIC PRACTICE.

The place which ergot holds in obstetric practice at the present time is in marked contrast with the teaching and practice of a few years back. It is not long since ergot was given to the parturient woman in the most hap-hazard manner. Indeed there is room for the belief that some fossils in the profession continue to use it in that way still. Of course it has long been known that ergot contained elements of danger both to mother and child. Still it is but recently that the full gravity of these dangers has dawned upon the profession. More especially within the last year, this question has been studied and debated with the liveliest interest, with the result of modifying former opinions and practices in several essential points.

When ergot is administered at an earlier period than towards the close of the second stage, it is sought to hasten delivery by whipping up a lazy, or tired-out uterus, to the exercise of greater contractile force. The most serious danger to be apprehended from such a practice, is rupture of the uterus. The possibility of this untoward circumstance has long been known, but its occurrence was thought so rare that many obstetricians were willing to incur the risk. That this accident is not so very rare as generally supposed, may be inferred from the fact, that at a meeting of the St. Louis Medical Society recently held, one gentleman testified that he had seen six such cases, and another that he had seen two, within a year, all attributed to ergot. Another and more frequent

danger is the loss of the child. Not even every veteran obstetrician has witnessed a case of rupture of the uterus, but almost every practitioner has seen more than one child born dead, with darkened skin and swollen features, proclaiming louder than words the cause of death. Standing in the glare of the light of the present day, and looking back into the past, every practitioner of experience must be struck with dismay at the number of serious casualties observed in the path over which he has trodden. Untoward occurrences, then either held to be unaccountable or attributable to other causes, are now unveiled and shown to have been often the evil work of ergot. Of course the uterus may rupture, and the child may be still-born from other causes, but there is good ground for believing that most of these accidents, especially the former, result from the abuse of this drug. Violent and continued contraction, when it fails from any cause to expel the child, creates a liability to rupture, and prolonged pressure destroys the child by constricting the circulation.

Another and dangerous mishap sometimes following the administration of ergot, is irregular contraction; that is, the contractile force is not equal in all parts. When this happens, as it often does, however severe the maternal suffering may be, labor is just as likely to be retarded as advanced. This retardation may arise from one of two causes, or both at the same time. First, the contractile force exerted in certain zones may be rendered abortive by the inertia in other zones of the uterus; and secondly, labor may be retarded, and even made impossible, by a change in the direction of the expulsive force.

Then there is the danger of a lacerated cervix and a ruptured perineum. The former accident has received a good deal of attention of late from gynecologists, owing to the serious dangers and suffering to which it gives rise. Many troubles of the cervix not formerly understood are now known to originate in laceration. Laceration, of course, may occur without the use of ergot, but common sense teaches us that it is more likely to occur in rapid and violent dilatation, such as may follow the administration of ergot. The same remarks are applicable to rupture of the perineum, an accident often fraught with life-long suffering to its victim. It is not here pretended that these are novel facts. On the contrary they have been long known, but