

THE CANADA MEDICAL RECORD.

VOL. XVI.

MONTREAL, APRIL, 1888.

No. 7

CONTENTS.

ORIGINAL COMMUNICATIONS.			
Obstetrics and Gynecology, by A. Laphorn Smith.....	145	Treatment of Warts by arsenic internally.....	158
SOCIETY PROCEEDINGS.		Tight lacing as a cause of Liver Disease.....	158
Medico-Chirurgical Society of Montreal.....	147	Uterine Hemorrhage, by Goodell.....	159
PROGRESS OF SCIENCE.		Nocturnal Emissions, by Dr. Thor of Bucharest.....	153
Syphilis. Abortive Treatment. Hutchinsonson.....	151	Preliminary Education.— <i>Pharm. Jour.</i>	153
The Hygiene of Phthisis, by Dr. F. L. Flick.....	153	Sterility in the Male. Dr. Belfield.....	160
Causes of Throat Affections, by S. W. Langmaid.....	154	Utilization of Antiseptics.....	160
After Pains, by Theo. Parvin.....	155	Wart cured by Electricity. Laphorn Smith.....	160
Rheumatism. By Waugh.....	155	Cocaine in Operation for Hydrocele. Dr. Petit.....	160
Retained Placenta, by Geo. F. Hulbert.....	156	Artificial Feeding of Infants, by Jacobi.....	161
Onisy. By F. P. Atkinson.....	156	Tariff on Surgical Instruments.— <i>Southern Practitioner</i>	161
Physicians and Druggists.— <i>Pacific Rec.</i>	157	Treatment of Colds. Dr. Whelan.....	161
Hydrastis Canadensis.— <i>Bulletin Gen. de Therap.</i>	157	Vomiting of Pregnanacy cured by Cocaine. Dr. Duncan.....	161
Harm of Moderate Drinking, by Dr. Harley.....	158	Dust or Cinder in the Eye. Dr. R. W. St. Clair.....	162
		Gravity as an expectorant. <i>Polyglimic.</i>	162
		Road Medical Journals. Dr. T. L. Brown.....	162
		Solutions for washing out the Bladder. Uitzman.....	162
		Fæcal Accumulation. Worrall.....	162
		Restored his Joint. Pancoast.....	162
		Some Forms of Neuralgia treated with Thioine.....	163
		Chloride of Ammonium in the Treatment of Diseases of the Liver.....	163
		A New Method of supplying the continuous or galvanic current in the treatment of Fibroid Tumors of the Uterus.....	164
		The Treatment of Wounds by Iodoform Tampons.....	165
		Remedy in Acute Coryza.....	165
		EDITORIAL.	
		Duties of Physicians to their Patients, and the obligations of Patients to their Physicians.....	
		New Remedies.....	
		Notices of Books.....	
		PERSONALS.....	

Original Communications.

OBSTETRICS AND GYNECOLOGY.

By A. LAPHORN SMITH, B.A., M.D., Lecturer on Gynecology in Bishop's College, Montreal.

The Journals of the last month are remarkable for a pretty general attack on ergot as at present used in the practice of obstetrics. Some observers such as Blanc (*Annales de Gyneec.* (March, 1888), going so far as to say that its administration retarded involution. We are glad to see this view controverted by Drs. G. E. Herman and C. O. Fowler (*Brit. Med. Jour.*) who in two series of cases in which the uterus was measured externally, on successive days, found that the uterus diminished more rapidly in size in those treated with ergot continuously during the fortnight following parturition. Dr. F. W. Putham (*in Med. Summary*) expresses our own views very concisely as follows; he says: first I adopted a rule in all cases of multiparous women, whom I had not previously attended and knew, to inquire particularly as to the character of their previous labors, and especially to ascertain if there had been any difficulty of this kind. If there was a history of considerable flooding, or if there was actually post partum hemorrhage, I invariably administered the ergot.

Second, in all cases where there seemed to be a hemorrhagic tendency in the family.

Third, in all cases where the uterus did not firmly contract within a reasonable space of time, the amount of time to be determined by the circumstances attending each particular case; and

in all cases where the uterus contracts well at first, but soon relaxes sufficiently to permit of a considerable hemorrhage.

Fourth, in all cases of after hemorrhage.

These four indications are believed to cover the majority of cases of labor which may be termed normal at the completion of the second stage at least.

Professor Pajot of Paris says: Never give ergot when there is anything in the uterus. The value of this advice will be appreciated when we think of the cases of laceration of the perineum of the cervix uteri, and even of the uterus itself, which have resulted from its administration before the parts were at all capable of allowing the head to pass.

With regard to the routine administration of ergot, we think the practice a good one, in cities at least, because the natural contractions are nearly always defective, owing to bad hygienic surroundings; and this has been our custom in the 326 cases which have been the sum of our experience extending over nearly ten years without a death, if we except a case of heart disease in which the dying woman incidently gave birth to an eight months foetus. Neither in any of these 326 cases have we had any hemorrhage, a fact which we attribute to routine administration of a drachm of ergot as soon as the child had been delivered. We have generally found that gentle frictions over the abdomen were very effective in bringing on firm contractions, in cases where not having the ergot with us we were obliged to wait until a supply was procured.

Apart altogether from the question of ergot, there is nature's means of securing firm contractions, which we fear is wilfully or ignorantly ignored; we