

## A WONDERFULLY PROMPT REACTION TO A SINGLE DOSE OF ERGOT.

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A SHORT time ago I was called by my friend, Dr. Mallory, of Delta, Ont., in consultation upon a case of abortion at the third month, in a woman aged twenty-nine years. The doctor had dilated the neck of the womb so as to facilitate the passage of the ovum into the world; but almost coincidentally with the completion of his operative work, the contractions of the womb ceased. As a result, no expulsion of any part of the oval structures occurred. At the time of my arrival, four hours after the completion of the doctor's operative work, the following conditions were noted: Pale attenuated patient, with rapid, feeble pulse and rather cold extremities and relaxed muscles; an atonic uterus distended with an ovum three months old; a dilated womb-neck, emitting a blood leak that might at any minute develop into a serious flooding.

Now, here is the interesting part of my narrative: Dr. Mallory wished me to remove the ovum, and this could be done only with the aid of the curette. The operative work in itself offered no difficulties, because the mouth of the womb was fully dilated and relaxed; but there was reason to fear that the dislodgement of the placenta at its fundal attachments would result in great blood-loss, and that this blood-loss might prove extremely dangerous, if not fatal, to the patient.

My hands had already been scrubbed with soap-suds, and it was only necessary that I should give them a two-minute soaking in perchloride of mercury solution. Let me repeat a description of the conditions: Extremely anemic patient; contract unless and dilated womb; presenting ovum at the third month; womb bleeding to a considerable extent.

At the instant of immersing my hands in the mercuric solution, I told Dr. Mallory it would be well to administer a prophylactic dose of ergot; that the therapeutic effect of the ergot would not be manifest for at least twenty minutes, and therefore would not interfere with the manipulations inside the womb. The dose (one teaspoonful) was given. At the end of two and a half or three minutes—certainly at the end of three minutes at the longest—I turned to the womb, and to my utter astonishment the cervix was nearly closed. My fingers quickly ran over the front, back and lateral walls of the womb, a procedure rendered easy by deep pressure over the lower belly with one hand, and deep insertion into the vagina with the other, and detected the most perfect longitudinal tonic contractions of the womb muscle. I should not call this rapidly increased tonicity by the term contractions; it was one regular, steady, firm, reassuring, never-to-relax-again condensation and shortening of the muscular fibres of the womb; it was like some great force previously pent up and philosophically held in readi-