

roots of the cervical nerves and upper part of the medulla were normal. Brown-Sequard observed an intense eruption of zoster in a case of spinal meningitis.

Barensprung maintains that only the nerve ganglia are affected and not the nerves themselves, as other observers hold.

Dr. Jewel observed a case of zoster, a sequel of grave uterine disease.

Age has an influence; three-fourths of the cases are under twenty, and two-thirds of these under thirteen years. In children, girls are more affected than boys.

It sometimes occurs in groups of cases, and some writers, as Erb, regard it as an acute specific disease. Again, it may be looked upon as arising from reflex causes.

My case, I consider, comes under the latter, being due to functional uterine disorder.

Treatment.—The tendency being towards a short and favourable course, treatment is rarely required. It is very doubtful whether we can shorten its course.

Thompson and Buckley, however, state that $\frac{1}{2}$ gr. each of phosphide of zinc and nuxvomica extract every three hours will, at the commencement, control the pain and abort the eruption.

When the neuralgia persists, give iron, quinine, arsenic (some say arsenic induces the disease), cod liver oil and a free nutritious diet. Externally, dusting powders with morphia and camphor added, and the part covered with cotton and a bandage, relieve the pain. Collodion hastens the absorption and drying of the vesicles. The continuous current, 10 to 20 cells of a Leclanche battery, applied ten minutes daily gives good results. Duhring states that this applied before the eruption appears in an impending attack, will render it abortive. He also recommends \mathfrak{ss} to \mathfrak{ss} of fluid extract of grindelia in \mathfrak{ss} of water as a lotion. I have found it more effective when used with glycerine.

ERGOT IN OBSTETRICS.*

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There are several points in connection with the action of this most useful drug, which I wish to bring before this society with the object of ob-

taining for myself a better and fuller view of its action, and, also, to express my impressions regarding some peculiarities and perhaps dangers in connection with its use. I have taken the trouble to make as extended an enquiry as I could among practitioners as to the time of labour that they severally administer ergot. The answers of the majority were, either at the end of the second stage or after completion of the third stage of labour. The minority did not use it all except when specially indicated. When I began practice I gave ergot as a matter of course at the completion of the second stage of labour, as I had seen other practitioners do, and as many text-books of the present day teach. I also gave the following prescription as recommended by Dr. Robert Barnes, and used by a great many obstetricians as a routine treatment in lying-in hospitals, to insure permanent contraction of the uterus:

R. Ext. Ergotæ Fl.....	\mathfrak{ss} i.
Tr. Digitalis.....	\mathfrak{ss} iii.
Tr. Quinæ.....	\mathfrak{ss} ii.
Syr. Aurantii.....	\mathfrak{ss} ii.
Aq. ad.....	\mathfrak{ss} viii.
M. \mathfrak{ss} gs. three times a day.	

Many times have patients asked me how much longer they would have to take that crampy mixture, and I have had them actually refuse to take it. Now, I do not blame them, for it does not materially lessen the lochial discharge or shorten the involution period, but gives them a great deal of unnecessary pain and inconvenience. However, I was in a groove and I plodded on. In this very groove, like a well-trodden path, many men are at the present time travelling, and it only needs a little enquiry to find out how general this practice is, although it is not so prevalent with city as with country practitioners, who have to travel long distances to attend their confinement cases, and do not remain any longer after the completion of labour than they can possibly help, but give the routine dose of ergot and go away feeling quite happy that they have placed a guardian over the womb of their patient, and that nothing can possibly go wrong. I have heard of this very practice in this city, where the attending physician is said to have only been in the house half an hour. Now, I deem it a good rule, and it should be held unalter-

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