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THE

ROUTINE PRACTICE OF ADMINISTERING

ERGOT

AFTER THE THIRD STAGE OF LABOR.

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The Routine Practice of Administering Ergot after the Third Stage of Labor.

IF I judge from the practice of medical men with whom I meet, and from the statements in the journals, I must conclude that the administration of ergot as a routine practice after the third stage of labor is very general. This practice is not without authority, as almost all of our authors and teachers either insist upon or sanction it. It is claimed that it is a harmless preventive against post-partum hemorrhage, and that it hastens involution of the uterus.

I admit the potency of ergot and the absolute necessity for its administration, where we have post-partum hemorrhage, or where the uterus does not properly contract and hemorrhage is probable or imminent.

Ergot is an essential auxiliary to the armamentarium of every obstetrician. I would feel unsafe in attendance upon a case of labor without it.

I never give it, however, before the completion of the third stage of labor only in the most exceptional cases.

Some time ago I came to the conclusion that my practice of administering it as a matter

of routine after each case of labor was not altogether proper. I therefore determined to give it only where I felt it was positively indicated. Following this decision, I attended a group of over three hundred cases of normal labor without giving a drop of ergot and without having one case of post-partum hemorrhage. I am now speaking only of normal labors, for during this time I several times gave ergot after version and after rapid instrumental deliveries.

About one year ago, inasmuch as the practice appeared to be so general, and as the authorities, at least, claimed that it was a harmless safeguard, I concluded that I was perhaps not performing my whole duty towards my patients in not giving them the protection the ergot would afford, and that a single accident happening as a result of my neglect would cause me painful reflections. I therefore determined, by way of experiment, to administer ergot in every alternate case of normal labor. I had not followed this practice very long until the suspicion began to force itself upon me that it was not altogether a harmless safeguard. I continued its use, however, for several months, until my suspicion was supplanted by conviction.

The result of my observations during this time, I think, justifies me in saying that "the routine practice of administering ergot after the third stage of labor" is neither necessary, expedient, nor devoid of danger.

It is unnecessary after a normal labor, because, where the attendant has, with his hand upon its fundus, followed the descending uterus, as it rid itself of its contents, and

thus irritated it to contraction, the danger of subsequent hemorrhage is reduced to a minimum. If he, then, watches it carefully for one-half hour, which under any circumstances should be the shortest possible time he should remain with his patient, he will be able to tell whether the ergot is indicated or not in that particular case.

It is inexpedient, because in a normal case it is liable to increase the discomfort of the woman by subjecting her to more severe and continued after-pains and consequent nervous irritability.

It is not devoid of danger, because it may be productive of concealed hemorrhage, increase the danger of sepsis, and delay involution.

In my cases, very many to whom ergot was administered did, as far as I could see, quite as well as those to whom it had not been given. This was not universal, however. Of those who took ergot there were more whose after-pains were of such severity as to call for the use of opiates; there were more who had a rise of temperature over 100° F.; more who did not have a free and natural lochia; more who passed large clots at intervals during the lying-in; and more who had concealed post-partum hemorrhage.

Of those whom I examined at the fortieth day, for I did not examine all of them, involution was quite as well advanced in the cases not having received the drug as in those who did.

Those who have had much experience with ergot well know that it is not always a reli-

able preparation, and that different patients manifest a very decided diversity as far as their susceptibility to the drug is concerned. For this reason a routine dose of 10 grains of the powder, or 1 drachm of the fluid extract, will be far from uniform in its powers in different cases. In one it may have no perceptible effect, in another it may alone act upon the muscles of the cervix, and in still another it may act with tremendous effect upon the whole organ. For these reasons, we say, a routine dose is neither scientific or judicious. However, in the first instance, where no effect is perceptible, the routinist, with full confidence in this course, leaves his patient perhaps with less precaution than he would have done had he not administered the drug. In the second place, the drug acts simply upon the circular fibres of the cervix and internal os. I think every one will admit this is the primary effect of ergot, so far as its action upon the uterus is concerned. In this case you have had a normally contracted uterus, with a lumen in the os sufficient to permit the passage of the natural discharges of the uterus. Now you interfere with nature, further contract the lumen, imprison the discharges, in the uterus a clot of greater or less size is formed, the uterus is irritated by this foreign body within it, it is goaded in painful efforts to force it through an unnaturally closed os, thus increasing the pain and suffering of the patient. Sometimes it is not equal to the task, the clot remains, putrefactive changes take place, and the patient is very fortunate, indeed, if she escapes without an attack of sapræmia.

Again, with this constriction, the leakage of blood may go on, the mass dilating the body and fundus uteri, until you have a concealed hemorrhage of frightful character. In the next place, where a dose has been given which will act with powerful effect upon the whole organ, you may have such a severe contraction of the uterus as to permanently interfere with the circulation of the organ itself, and gangrene of the uterus, or portions of it, result. I admit this latter is not a very probable, but it is none the less a possible result.

In the cases where ergot is indicated it should be given for effect. Of course, we run a risk of the same dangers as those just enumerated, but the beneficent effect in preventing a dangerous condition more than counterbalances any harmful effects. And here, too, the conditions are different. We are aiding an organ to perform its work as nearly naturally as we have the ability to do, while in the other we are interfering with an organ doing its work effectively in a natural way, and placing it in an unnatural condition.