and leathery sloughs were most resistant to digestion with debricin. In one case the continued presence of pus may have been the reason for the poor result. On the basis of this series of cases, debricin is a valuable adjunct to the standard methods of treatment of this type of lesion both in hospital and in out-patient practice. In successful cases removal of necrotic tissue and healing are greatly accelerated.

We thank the nurses of St. Mary's Hospital, who carried out the treatment of these patients, and Messrs. Johnson & Johnson for providing the debricin.

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Medical Memoranda

Prophylactic Ergometrine

It has been established that the prophylactic use of ergometrine in the second stage of labour reduces the incidence of post-partum haemorrhage (Lewis, 1956); but a recent letter to this *Journal* suggests that many still believe ergometrine used in this way inevitably results in an increased rate of manual removal of the placenta. This belief appears to persist in spite of a number of reports to the contrary (Davis and Boynton, 1942; Shaw, 1949; Kimbell, 1954). The series of cases here recorded adds to the weight of evidence in favour of the prophylactic use of ergometrine.

Table I shows the incidence of post-partum haemorrhage and the manual removal rate at Perivale Maternity Hospital from 1954 to 1957. There was a

TABLE I.—Incidence of Post-partum Haemorrhage and Manual Removal Rate

	1954	1955	1956	1957
No. of deliveries	1,010	1,123	1,190	1,292
Post-partum haemorrhage:				
No. of cases	75	80	51	49
Rate	7.4%	7.1%	4.3%	3.9%
Manual removal of placenta:				
No. of cases	14	21	19	14
Rate	1.3%	2.1%	1.6%	1.1%

noticeable decrease in the incidence of post-partum haemorrhage in 1956 and 1957 compared with the preceding years, without any alteration in the rate of manual removal of the placenta. Since 1951 0.5 mg. of ergometrine has been given intravenously with the birth of the anterior shoulder to patients predisposed to post-partum haemorrhage—namely, patients with a history of post-partum haemorrhage, those with a haemoglobin of less than 10.4 g./100 ml. at the onset of labour, patients expecting the fifth or subsequent baby, those with hydramnios or multiple pregnancy, after an ante-partum haemorrhage or prolonged labour, and if operative intervention had been necessary. From

the beginning of 1956 all patients not so treated, and delivered in alternate weeks, were given 0.5 mg. of ergometrine together with 1,000 units of hyaluronidase intramuscularly with the crowning of the head. The remainder of the patients were not given ergometrine unless undue bleeding occurred either before or after delivery of the placenta. The results are shown in Table II. The difference in incidence of post-partum

TABLE II.—Results of Treatment

	1956	1957	Total	Incidence
No. of deliveries	1,190	1,292	2,482	
No. of post-partum haemorrhages	51	49	100	4%
No. of manual removals	19	14	33	1.3%
Ergometrine given in the 2nd stage:				
No. of cases	464	590	1,054	
P.P.H.	9	16	25	2.4%
Man. Rem.	9	8	17	1.6%
No ergometrine until after delivery of the baby:				
No. of cases	726	702	1,420	
P.P.H.	42	33	75	5.3%
Man. Rem.	10	6	16	1.1%

haemorrhage in the two-year periods 1954–5 and 1956–7 is statistically significant ($P < 0.001$). The difference between the number of post-partum haemorrhages occurring in patients treated either with or without ergometrine in 1956 and 1957 is also statistically significant ($P < 0.001$). These figures are in fact of greater significance, since the group of patients treated with ergometrine includes those predisposed to post-partum haemorrhage. Further, the patients who were not given ergometrine during the second stage were given it before the delivery of the placenta if the amount or rate of blood loss caused concern. The manual removal rate is almost identical in all four years ($P 0.8$ – 0.7).

The series shows that there is no increase in the manual removal rate if ergometrine is used prophylactically in the second stage of labour; and these figures confirm the work of Lister (1950), Daley (1951), and Kimbell (1954). To save blood is of prime importance, and the prophylactic use of ergometrine, particularly in patients who are prone to have a post-partum haemorrhage, certainly does this, as well as shortening the duration of the third stage of labour (Shaw, 1949) without increasing the hazards to the mother.

It is agreed that occasionally, when ergometrine has been given during the second stage, the placenta and membranes may be trapped by the closing cervix; but by practising the Brandt-Andrews manoeuvre, if necessary supplemented by the inhalation of amyl nitrite, cervical spasm can be overcome and the separated placenta delivered from the cervix or vagina.

Since these results have become available, ergometrine is being used routinely in the second stage of labour for all patients delivered in Perivale Maternity Hospital.

I would like to thank Miss A. M. Dickins for permission to publish these figures.

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