IPECACUANHA IN EMETIC DOSES :

AS A STIMULANT, RESTORATIVE, ELIMINATIVE, AND ADJUVANT, IN VARIOUS CASES OF DISORDER AND DISEASE.

By JOHN HIGGINBOTTOM, F.R.S., Nottingham.

(Continued from page 164 of last number.)

Syncope Senilis.—There is a serious complaint which I have denominated syncope senilis, arising from gastric irritation (*Lancet*, April, 1856). I gave the name of syncope senilis to this affection, to direct the attention of the profession more particularly to the aged. The same complaint is common to all ages, but in a more aggravated form in infancy and old age. I am not aware that the affection has been specially noticed by any author except under the head of indigestion; and the sufferers themselves often call it a bilious attack. I do not think that the symptom of syncope is so apparent in infancy; and I believe in middle-age the attacks are slighter, and not often serious. The syncope in old age is very apparent, and is the first symptom requiring prompt attention; for, if remedies be neglected, the complaint sometimes becomes much aggravated, and is followed by convulsions and death. It is about thirty-eight years since I first noticed particularly the syncope senilis. The subject was about seventy years of age. I thought at that time it was a precursor of an attack of apoplexy, the patient having had a slight paralysis when about twenty-three years of age, which affected him through life. I was glad to find on his recovery that there was no increase of his paralytic symptoms. Since that time I have often observed the same syncope unattended by any permanent ill effects. My patients have been aged from sixty-eight to eighty-six. I am not aware that they have laboured under any organic disease whatever; but we all know that at an advanced age the brain and heart, the nervous and vascular systems, are frequently more inactive, and in an impaired condition.

In the cases of syncope senilis which I have attended, gastric irritation appears to have been the sole cause of attack. At an advanced age the mastication of the food is very imperfectly, or not at all performed, for want of teeth; solid food has been eaten when the stomach has been in an unfit state to assimilate it, usually after a longer walk than the patient has been accustomed to, after unusual muscular exertion producing fatigue, and sometimes after exposure to cold; all which tend to weaken the power of the stomach. On this account the food remains an indigestible mass in the stomach, and gives rise to gastric irritation, producing syncope and convulsions, often slight at first, but becoming more formidable, or even fatal, if proper remedies be not promptly used.

I was called to a patient about three o'clock one morning, his wife having been awoken by his hard breathing, and the noise in his throat. She found her husband in a fit. I was directly sent for. When I arrived he had partially recovered, but very soon afterwards he had another fit, which had the appearance of a slight attack of epilepsy, attended with convulsion, but had no bitten tongue, as is usual in severe attacks of epilepsy. As soon as he was sufficiently recovered from the attack to be able to swallow, I gave him half a drachm of the powder of ipecacuanha, with fifteen grains of bicarbonate of potass. This was followed by full vomiting. He ejected lumps of solid beef, which appeared to have been swallowed, or rather bolted, without having been masticated at all. One of the pieces I observed was about an inch long and three quarters of an inch in thickness. Although the food had been taken into the stomach about sixteen hours before, the acute corners and edges of the beef appeared as if just cut with a sharp knife, not the least digested. No further remedy was required after the emetic but attention to the bowels, to which he reluctantly submitted, saying he was quite well. In a month afterwards he had another fit of a similar nature. He fell down in a moment on the floor, and remained in the same state, as in the former case, for half an hour. The same remedies were resorted to as before, and he recovered quickly. I expect that the patient will have a return of the syncope, as he is very wilful, and will not attend to any means of prevention. This patient was the youngest, being sixty-eight years of age; previously to the first fit, he had been using much muscular exertion, being active in business.

Another case is that of an old patient of eighty-six years, who at intervals of a few weeks had several similar attacks of syncope. After the last fit, attended with slight convulsion, I was induced to think that it had been occasioned by taking solid food, which was swallowed after imperfect mastication. On that account, I forbade him the use of animal food altogether. This regimen he has now strictly adhered to for some months, except a few times having taken a small quantity of tripe. He has had no return of his fainting fit, a much longer time having

now elapsed than the interval between several of the previous attacks. I would make an observation here, as a contrast to the former case of the younger man, that at a more advanced age the patient does not recover so quickly from the attack, but requires particular attention to the digestive organs for some days, with gentle aperients and saline medicine in a state of effervescence. It is not unusual for even young men to have similar attacks from indigestion, when sudden syncope, for a short period, comes on, recovery taking place in a few moments. The same attack at an advanced age, I presume, would be attended with aggravated symptoms, such as those I have witnessed.

The lamentable illness and death of the Duke of Wellington appears to me to have been a case of "syncope senilis," which became aggravated, and terminated fatally. In the life of the Duke of Wellington, by Stocqueler, it is stated that "the health of his Grace had been unusually good for some days, and on Monday, the 13th of September, it was remarked that he took a longer walk than usual through the grounds attached to the Castle." The *Lancet*, of the 16th of October, 1852, in the leading article, says: "During some days preceding the 14th September, 1852, the day of the Duke's death, there had been a hot mid-day sun, a considerable wind, chiefly from the north, and the evenings and nights were cold and chilly. The thermometer, on the night preceding the fatal event, was only six degrees above the freezing point; on the preceding day it had been up to ninety-two degrees Fahr. No precautions were taken to obviate the effect of such a change on the aged and necessarily weak system of the Duke, and the pallor of his countenance observed on the preceding Sunday showed that this influence was telling on the circulation. The stomach was ill prepared to receive a hearty dinner, and the difficulties of that organ were further increased by receiving a considerable quantity of food imperfectly masticated, in consequence of the Duke's loss of teeth. . . . He took for dinner *mock-turtle, turbot, venison, and pudding.*" It is further added in the *Lancet*:—"It is probable that, had the Duke's stomach been relieved by vomiting in the early part of the morning, he would now be with us. It is even probable that such an effort, if successful at nine o'clock, might have saved him; but every hour added to the exhaustion, and rendered such an act difficult."

My brother-in-law, Dr. Marshall Hall, observed in a paper in the *Lancet*, of October 30th, 1852, "On the Malady of the late Duke of Wellington":—"It is obvious, that if efficient vomiting could have been induced, the offending cause of this lamented malady would have been removed, and all might have been well. He would, humanly speaking, still be with us. We have no evidence that the Duke of Wellington had any organic disease of either the brain or the heart. It is to be regretted that there was no *post mortem* examination." I fully concur with the leading article of the *Lancet* and with Dr. Marshall Hall's opinion, that an efficient vomiting at an early period would have been a most effectual remedy.

It might be thought by some individuals that abstaining from animal food at the period of old age might be attended with the loss of health and strength. A relation of my own family, at seventy years of age quite abstained from animal food and also from wine,—this is a fact to which I can refer:—after the lapse of ten years, when at the age of eighty, he was requested by his relations to resume his animal food and wine, but he excused himself from taking either of them, by saying he did not want them, for he was very healthy and in good spirits, although very thin in body. He lived till he was nearly ninety years of age. This old gentleman, I apprehend, would have been a likely subject for the syncope senilis, had he been in the habit of taking solid animal food, which he could not masticate, and which would have shortened his days. At an advanced age, when the physical powers of the body are declining, and second childhood approaching, and at that period when comparatively little exercise only can be taken, the body does not require the same solid food. Nature points out the use of milk and light farinaceous matter as an aliment, as being more natural, and adapted to that period of life. Such food alone is sufficient to keep the body in a healthy, cheerful, and happy state. It has been erroneously stated that "wine is the milk of old age." I believe the truth is that milk is the wine of old age, for both the first and the second childhood, the most natural, and the most nutritious. Dr. Erasmus Darwin used to say "milk is white blood." The oldest individuals I have known have lived principally upon milk-diet. Second childhood may be treated much in the way as directed by the late Dr. James Hamilton, Professor of Midwifery in the University of Edinburgh—"Plenty of milk, plenty of flannel, and plenty of sleep and rest."

Uterine Hæmorrhage.—It would, perhaps, be interesting to my medical brethren to know why I was induced to use the emetic treatment in uterine hæmorrhage, and hence I give a detailed account of my previous practice, which led me to adopt it.

For the first twenty-five or thirty years of my professional life I had a very extensive midwifery practice, consequently many cases of uterine hæmorrhage, some of which caused me intense anxiety for the safety of the patient. The first seventeen years of my practice I was in the habit of following the example of my medical brethren by giving, as a medicine, alcohol in the form of port wine and brandy, and the tincture of opium. The tincture of opium, a valuable remedy, was given in proper doses, but the wine and brandy were administered according to the degree of hæmorrhage and consequent depression, often with little attention either to the quantity or quality of the intoxicating fluid, depending upon the law of tolerance for safety in such cases. In these terrible cases every local application was resorted to; as pressure on the uterus, cold water, ice, etc., to cause contraction of the organ. Under such treatment the patient would rally a little, but very soon the sinking pulse, the blanched face, and white lips, would indicate the necessity of more wine or brandy, which was directly given, very soon to be followed by an increased flooding and lowness. This alternate state of reviving and sinking sometimes has continued for several hours, when the stomach became much distended by the stimulants and other fluids which had been administered; full vomiting would be produced, after which the hæmorrhage would cease; the patient would gradually recover, and require nothing more than a little gruel or tea. This happy termination by vomiting does not always take place; the wine and brandy have been given in such quantities as thoroughly to narcotise. The patient then became insensible and comatose; could not be roused, and death would take place. Alcohol caused her death, not the hæmorrhage. The following is a case in point.

In June, 1823, I attended Mrs. M. in labour. She had a very profuse *post partum* hæmorrhage. The usual stimulants—wine, brandy, and also opium—were given, and the usual local applications were resorted to, with very little effect. Her friends became alarmed for her safety, and called in an old physician without my knowledge. He immediately expressed dissatisfaction with the brandy. He said it was not sufficiently strong; it had been procured from a neighbouring public-house. More brandy, supposed to be of a better quality, was procured, and given to the patient. The quantity taken was thought quite requisite to keep up the sinking powers of the patient; insensibility and coma ensued, the breathing became heavy and laborious, and in about two hours after delivery she died. The stomach, unfortunately, retained its contents; her only safety would have been a full vomiting. In this case, I have always been of opinion, death resulted from alcoholic poisoning, and not from the hæmorrhage.

The following will show the good effects of vomiting in a similar case; the one, indeed, which led me to the disuse of alcoholic stimulants in all cases of flooding. Mrs. G., a delicate female, about thirty years of age, was attended by me twice in labour in the years 1821 and 1823, each time she had severe flooding after the separation of the placenta. I employed the usual local applications, and administered wine, brandy, and tincture of opium. These cases were attended with great anxiety, and I had to remain with my patient several hours before I could have left her with safety. On her third labour I was afraid she would die, after having given her a pint of port wine and half a pint of brandy during three hours after the birth of the child. These stimulants proved of no avail. It occurred to me that, in both former times in which I attended her, when I used similar means to check the hæmorrhage, there was no amendment until she had ejected the contents of the stomach. I was then most anxious that vomiting might take place, in hope of relief, as she was rapidly sinking. I thought, as vomiting had been so beneficial in former instances, that I was in this case fully justified in procuring it by giving an emetic. I directly gave her an emetic dose of ipecacuanha; full vomiting ensued, and a large quantity of fluid was ejected. I was much struck with an expression of my patient, which I had several times heard of in similar cases after vomiting, "Oh, I'm better now; I'm better now." The hæmorrhage ceased directly, and did not return; the symptoms of sinking abated, and the patient soon appeared in her usual state of body, but very feeble. A little plain gruel was all the nutriment given her, and she gradually, and soon, recovered from the weak state.

I attended the same patient three times afterwards, in the years 1827, 1829, and 1831; and, what was very satisfactory in favour of the *secale cornutum*, which was about that time coming into use in this locality, I gave her each time half a drachm of the powder before the birth of the child, and a second dose before the separation of the placenta. This remedy had the desired effect of preventing the hæmorrhage, so that I had no occasion to administer ipecacuanha or any other remedy.

I would here mention that there is a difficulty in procuring the *secale cornutum* good. A physician-accoucheur informed me that he gathered it fresh for himself; and can testify to its good effects in cases

of uterine hæmorrhage. I have attended patients, both in my own practice and in consultation, since that time, when the *secale* had no effect in checking the hæmorrhage, and the ipecacuanha emetic has been resorted to, with immediate success. A medical man in Nottingham, engaged in a large obstetric practice for the last ten years, informs me that, having commenced the emetic plan at my suggestion, he never knew it to fail in checking the hæmorrhage, although he does not resort to it until ordinary remedies have failed. From the confidence he has in the remedy, he never fears the result in the worst cases. He related to me an instance. A lady after the birth of twins had a most uncontrollable flooding; an emetic was given her, and as it did not act speedily the fauces were irritated with a feather; vomiting ensued, and the hæmorrhage ceased immediately. Upon two subsequent confinements, when syncope was setting in, she exclaimed, "Oh, make me sick; I shall not be better till then." This was done, and the hæmorrhage and syncope ceased together.

For forty years I have lost all confidence in alcoholic stimulants such as wine, brandy, etc., in uterine hæmorrhage, from a conviction that they increase the arterial circulation, and consequently the hæmorrhage. The common practice of giving cold water, or vinegar and water, to drink, keeping the body in a cool state by means of a well ventilated room, are more likely to restrain hæmorrhage, and thus preserve the strength of the patient.

Ophthalmia.—A minister, aged 40, had severe inflammation of the left eye. Active remedies, both local and constitutional, were used. There was inflammation of the whole eye, involving the conjunctiva, sclerótica, and iris, producing irregularity of the pupil, and threatening entire loss of vision. When the eye was in that state, an ipecacuanha emetic was given. This produced almost a magical effect. From that time the case improved rapidly, and the patient was soon well.

Strumous Ophthalmia.—This intractable disease I have treated by an ipecacuanha emetic given in an evening, followed the next morning by a dose of rhubarb and sulphate of potash in water; this dose, repeated every seventh or ninth day, produces the most beneficial effects. The eye must be bathed with warm water night and morning, and during the day a collyrium of the sulphate of zinc, fifteen grains in half a pint of distilled water, should be used. The most obstinate cases have been quite relieved when other remedies have failed after many weeks' trial.

THERAPEUTICAL MEMORANDA.

TONICS IN DROPSY.

By E. GAYLOR, L.F.P.S.G., L.R.C.P.E.

THE therapeutic value of certain preparations of iron in particular forms of dropsy has long been known to the profession, and the recent notice of the same in the JOURNAL induces me to offer these few remarks.

The two forms of dropsy most likely to be benefited by iron are, first, that effusion which is produced by a watery state of the blood; and, secondly, that form of dropsy due to the impregnation of the blood with some noxious material. In a poisoned condition of the blood, there is a stagnation in the capillaries, thereby causing an impediment in the capillary circulation. Mr. Power believes that the presence of urea in the blood interferes with the development of new blood-corpuscles, as well as spoiling those already formed.

These two forms of dropsy being marked by decay and deterioration, the proper remedies would be those which would help to form blood, assisted by nutrition, warmth, rest, etc. Dr. Basham, in his Croonian Lectures, 1864, says that iron is *not* the most efficacious in the form of the sesquichloride (the old tinctura ferri sesquichloridi), but as an ammonio-chloride, which he directs to be prepared as follows. "The ordinary dose of the sesquichloride is to be added to a drachm of the liquor ammoniæ acetatis, this being previously acidulated by a few drops of acetic acid." The sesquichloride must not be added to the neutral liquor, as an *insoluble* ammonio-chloride falls, which it is very difficult to take up again. If the saline be first acidulated, a very nice looking mixture is formed, which will keep good for any length of time.

This remedy seems to have the power of promoting the reproduction of cells, while it restores the powers of the organism. It is the nucleated cell which is involved in the disease; and it is also the nucleated cell which is the vital source of secretion and development. If a fair trial be given to this form of preparation, I venture to predict that it will be found one of the most valuable of the preparations of iron, and the best hæmatic in the whole range of therapeutics.

Since reading Dr. Basham's Lectures, I have used this form of the remedy with the best results.