IPEACUANHA, IN EMETIC DOSES; AS A POWERFUL RESTORATIVE IN SOME CASES OF EXHAUSTION AND SINKING.

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

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In the year 1814, I was first led to see the extraordinary beneficial effects of ipecacuanha as an emetic, in a female 40 years of age, who was in a sinking state, in the last stage of cholera; her countenance was shrunk, extremities cold, cramp in the legs, and other symptoms of approaching dissolution. I had previously attended two similar cases, where I had given opium, brandy, and medicinal cordials, and both patients died. I was induced, in this instance, to give a scruple of ipecacuanha, from having frequently seen the good effects of it in the early stage of the disease. After the lapse of two or three hours, I again visited my patient, fearing I should find her dead, but, to my great pleasure and surprise, so great a change for the better had taken place as to appear almost incredible; the whole of her body was of a natural warmth, the dangerous symptoms had disappeared, and she made no complaint, except that she was very weak. She had no further unfavourable symptom of the disease, and was soon convalescent.

My confidence in the ipecacuanha, as a remedy in such cases, has now been confirmed during the practice of thirty years; the purging, vomiting, and cramp, often entirely cease after the emetic operation of the ipecacuanha, but I have thought it proper to give, in about two or three hours after the emetic, a pill with a grain of opium and five grains of the blue pill, to allay any remaining irritation of the stomach and intestines, and an aperient with one scruple of rhubarb and two of the sulphate of potash, to assist the natural action of the bowels, and a simple saline, effervescing draught every two or three hours afterwards; weak tea, well-boiled gruel, milk, with sago or arrow-root, as nutriment and diluents.

UTERINE HÆMORRHAGE

The next case which attracted my particular observation, was the utility of ipecacuanha in severe uterine hæmorrhage. I attended the patient three times in labour, in the years 1821, 1823, and 1826, and each time with most severe flooding immediately after the separation of the placenta. I employed the usual remedies, such as the sudden application of cold water to the abdomen, pressure to cause contraction of the uterus, with the administration of opiates, wine, and brandy, which were at that time common remedies. These were cases of great anxiety, and I had to remain with my patient several hours before it was safe to leave her.

In her third confinement, I was afraid she would die. After having used all my remedies, and having given her half-a-pint of brandy and a pint of port wine, which was of no avail, it occurred to me, that in the former cases in which I had attended her, when I had used the same 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 should take place, in hope of relief, as she was rapidly sinking. I thought that as vomiting had been so beneficial to her before, I was in this case

justified in producing it by giving an emetic. I directly gave her half a drachm of ipecacuanha; a full vomiting soon succeeded, and a large quantity of fluid was ejected. I was much struck with an expression of my patient, which I had several times heard before in similar cases, after vomiting. After a deep sigh, she said, "Oh! I am better; I am better now." The hæmorrhage ceased directly, and did not return; the symptoms of sinking abated, and the patient appeared in her natural state of body, but very feeble. A little plain gruel was all the nutriment given her, and she recovered gradually from her weak state. I attended the same patient three times afterwards, in the years 1827, 1829, and 1831, and what is very satisfactory in favour of the *secale cornutum*, which was about that time becoming more used in this locality, I gave, in every case, half a drachm of the powder before the birth of the child, a similar dose after the birth, before the separation of the placenta. This remedy had the desired effect of preventing the hæmorrhage, so that I had no further need of the ipecacuanha, or indeed, of any other remedy.

Several years ago, I had a patient, on whom the *secale cornutum* had no effect in preventing the hæmorrhage, and I gave the ipecacuanha with a favourable result.

For nearly twenty years, I have lost all confidence in the diffusible stimulants, such as wine, brandy, &c., in uterine hæmorrhage, from a conviction that they increase the arterial circulation, and, consequently, the hæmorrhage, and I find that opinion corroborated by the writings of Drs. Clutterbuck and Ramsbotham.

The utility of ipecacuanha in uterine hæmorrhage has been proved by Dr. Osburn, of Dublin, but I am not aware that he has recommended it in extreme cases of exhaustion or sinking.

BRONCHITIS.

I have found an emetic dose of ipecacuanha a very valuable remedy at that stage of bronchitis where a sudden, low, or sinking state has come on with oppression at the chest, and the expectoration difficult, endangering suffocation. Vomiting with ipecacuanha has not only soon relieved these symptoms, but has roused the whole system, and has produced such a decided change, as to render the patient convalescent in a few days. I never have seen the same good effects in such circumstances produced by any other remedy. The two following cases are of that description:—

Mr. D—, aged 60, an innkeeper, of a gross habit, but not considered intemperate, had been much reduced in consequence of a neglected erysipelatous inflammation of the leg and thigh. This had in some measure subsided, but he had at the same time bronchitis, attended with a troublesome cough, difficult respiration and expectoration. A sudden state of sinking came on, with increased dyspnoea, and a feeble quick pulse. I gave half a drachm of ipecacuanha in a little water; he vomited at different times for two hours; the lowness and dangerous symptoms were much relieved; he had no relapse of the low or sinking state, and he gradually recovered under a common mild treatment.

Mrs. C—, aged 78, had an attack of the prevailing influenza; saline aperients, with diaphoretic and expectorant medicines, had been given for about five days, when a low sinking state came on, with

difficulty of breathing. I was inclined to give an emetic of ipecacuanha as the most probable remedy to afford relief. I named it to her daughter, fearing the old lady would object to it. I was glad to find my patient would take it; and I may here mention the favourable idea patients sometimes have of an emetic, imagining that vomiting enables them to throw up the phlegm. I gave her a half-drachm dose of ipecacuanha, which had the desired effect of completely relieving her. I was only required to visit my patient for five more days, she being then quite convalescent."

The following observations in "Dr. Johnson's Review," p. 492, April 1844, are corroborated by the above case, and I have no doubt will hold good in a variety of diseases, both in the commencement, and in the sinking stage of the disease:—"The use of emetics, (I would say ipecacuanha, from the great safety of its operation,) is far too much neglected in the present day, and most practitioners are unnecessarily timid about using them to old patients; a single emetic will often effect more good in the course of a day or two, than other remedies in a week or two."

CASE OF SUSPENDED ANIMATION.

I was called about ten P. M., to visit Miss S—, aged eighteen. The messenger, her sister, informed me that she was afraid she was dying. I saw her in about ten minutes: my first impression was that she had taken poison, until assured of the contrary by her mother. She appeared in a state of asphyxia. Her extremities were cold, face livid and swollen, or the appearance of being puffed up; no pulsation at all perceptible in either wrist; her mouth was open, and her lower jaw fallen; indeed, she appeared to be dead. I ordered her feet and legs to be fomented directly with hot water by means of flannel, and a hot oven-shelf, inclosed in flannel to be placed under the legs. I poured down her throat half a drachm of ipecacuanha in water,—for she was incapable of swallowing,—then I rubbed very freely the whole length of the spine with the acetum cantharidis. The emetic not operating in a few minutes, I gave another half-drachm of ipecacuanha, and shortly after there was a convulsive motion of the diaphragm, followed by vomiting—she ejected some very thick, slimy mucus. On still rubbing the blistering vinegar along the spine, she gave signs of uneasiness in her countenance, and expressed her pain by saying "O!" I remained with her until after midnight. Before I left her, she had become generally warm throughout her body, and could speak in a very low voice, but there was no pulsation in either wrist. I prescribed a mixture with aromatic confection and camphor mixture, to be given every hour, and a little gruel, or other light nourishment, occasionally. I left particular directions to send for me if she had any unfavourable change. The following morning she was quite recovered, but very feeble; she had no recollection of her illness, and could give no account of the cause. She had been sewing during the evening, sitting with her back to the fire, and had only a potatoe for supper, and on going out of doors into the yard, she became suddenly chill and faint, complained of pain between her shoulders, and felt very ill indeed. She then went to bed and became sick, and vomited a little watery fluid, and said she was going to die. A sudden swelling of the face came on, succeeded by a convulsive motion and stretching of

the whole body; then followed the state in which I found her. No further medical treatment was required but an occasional aperient; the swelling of the face was several days in subsiding.

SINKING DURING THE PUERPERAL STATE.

Mrs. B—, aged 23 years, very delicate, and pale complexion. I attended in her first labour on the 12th of March last, which was very protracted and severe, and being attacked with puerperal convulsions, I had to take about twenty ounces of blood from the arm, and found it necessary to perform embryotomy. She was exceedingly low afterwards, but gradually recovered for about eight or nine days, requiring no other medical treatment than mild aperients and injections. About the ninth day she complained of severe pains in the course of the colon, particularly at the caput coli and the sigmoid flexure. Mustard plasters were applied, and active purgatives, with benefit, but a continued vomiting came on, attended with considerable lowness. Dr. Hutchinson was called in to visit her with me. Injections of half a pint of beef-broth with half an ounce of spirit of turpentine were administered every four hours; a common blister of cantharides was applied to the scrobiculus cordis; plain gruel or other light nutriment was given, as most likely to remain on the stomach. The vomiting still continued; the turpentine injections occasioned much pain after they were administered, and there was a very alarming increase of exhaustion and sinking.

In this case it occurred to me that an emetic dose of ipecacuanha was the most probable remedy to rally the sinking powers, and with the concurrence of Dr. Hutchinson, I gave half a drachm, and remained with her during its operation. A fuller vomiting was produced than I could have expected, although it was small in quantity, yet it occurred to me that the natural effort had long been exerted in vain to accomplish what the ipecacuanha directly effected—that of completely emptying the stomach. I remained with my patient an hour, and left her somewhat better. After I had gone she turned herself on her left side, and remained so still for several hours as to alarm her husband, who sent for me directly, fearing she was dying. I found her pulse much improved; she was still lying on the left side; the sickness had abated. A little plain gruel was given, and a half-pint injection, with equal parts of milk and gruel, was administered every four hours. A slight vomiting came on after this time, but did not continue; her appetite improved so much that there was a difficulty in restraining her from taking improper food, such as beef-steak, &c. Her stomach was disordered twice during her recovery from this cause, so as to require two emetics of ipecacuanha, which were given with advantage. The patient fully recovered, and is now in her usual health.

I was impressed in the above case, not only with the great value of the ipecacuanha, but also with the benefit arising from the glysters, in conveying nourishment to the system when in an anæmiated state, and when food could not be received or retained in the stomach; indeed, I have often thought, from the great absorbent power of the colon, that glysters might supersede the necessity of transfusion, having this advantage—the perfect safety and facility of the operation.