

VII. ON THE ACTION OF QUININE ON THE KIDNEYS AND GENITAL ORGANS DURING PREGNANCY.

By GEORGES COROMILAS, of Calamata, Greece, M.D., Corresponding Member of the Obstetrical and Gynæcological Society of Paris.

(Communicated by Dr J. W. BALLANTYNE.)

PETITJEAN, in 1845, first stated that he had frequently seen abortion produced during the administration of quinine for intermittent fever, and Rodriguez first called in question Petitjean's assertion.

After the lapse of ten years, Dr John S. Wilson described the effect of quinine upon the uterus. In 1860, Dr T. H. Rich reported several cases of alarming uterine hæmorrhage checked by means of quinine. From this time, considerable attention was called to this question, until the publication of Monteverdi's elaborate article on the subject. He concluded that quinine was a trustworthy ebolic and preferable to ergot, and should be given to pregnant women with caution. Monteverdi's paper called forth differences of opinion, especially from physicians practising in malarious districts. Some agreed with Wilson, Rich, and Monteverdi, while others contended that quinine possessed no property of stimulating into action the uterine muscular fibre. For this reason I present to the Obstetrical Society of Edinburgh four cases bearing upon this question which have occurred in my own practice. Before entering into details, I would say that the majority of the inhabitants of the prefectures of Laconia and Messina have a strong prejudice against the use of quinine during pregnancy and menstruation.

CASE I.—Mrs V., of Piflos, 30 years of age, multipara, was eight months pregnant. In September 1888 she first consulted me, and stated that she had, months ago, had intermittent fever. When I saw her she was delicate, nervous, and anæmic, the liver a little hyperæmic, the spleen hypertrophic, the tongue a little sabural. I diagnosed the case as one of intermittent fever, and gave 24 grains of valerianate of quinine in ten doses, one to be taken every half hour. I saw her after she had taken three doses, and then she complained of pain in the renal and hypogastric regions, and all the symptoms of labour. I prescribed narcotics, but did not see her afterwards.

CASE II.—Widow G., Calamata, Greece, 30 years of age, was six months pregnant. She was a delicate, nervous multipara. She had never aborted, nor had premature confinement. She consulted quacks in order to have abortion procured, but without success. In February 1894 I saw her. She had just had an attack of influenza, and this was followed by double broncho-pneumonia. For fifteen days I did not give her quinine; when she became

convalescent I gave her salicylate of quinine. On 20th February I prescribed 24 grains of salicylate of quinine, in ten doses, one to be taken every hour. After the third dose I found the patient in labour, the pains being regular and seemingly natural. I countermanded the rest of the quinine, and ordered opium or morphia, but the patient persisted in taking the quinine and refused to take the opium, and the following night she was delivered prematurely.

CASE III.—Mrs A., Calamata, Greece, 25 years of age, had had two children at full time. She was a delicate, nervous woman, but having no predisposition to abortion. On the 8th of April 1894 she was in the fourth month of her third pregnancy. There was slight pyrexia, but no physical signs of disease were discovered; but on the 9th of April, early in the morning, she took 20 grains of sulphate of quinine. In one hour after the dose she felt labour pains, which ended in abortion.

I have often administered 8 grains of quinine in three doses to pregnant women, one to be taken every half-hour or hour, and with the instruction that no further dose should be taken if pain set in. Some of these women did not appear to be affected by it. I have also observed that quinine, administered during menstruation, in some cases stops the flow, and frequently diminishes it. I conclude, therefore, that quinine has the property of exciting uterine contractions, and that these contractions are excited by it more readily in delicate, nervous, and anæmic women than in others. Quinine should, therefore, not be administered in large doses during pregnancy and menstruation, unless it be in conjunction with some narcotic which would prevent its action upon the uterus, and not at all in cases which do not urgently call for it.

CASE IV.—Miss El. Sp. Areoch, Calamata, Greece, was 23 years of age, and had menstruated regularly from the age of 14 till August 1893. Five years before, she suffered from hæmoglobinuria, and at that time had not taken quinine. One of her uncles died in 1893 from hæmoglobinuria caused by quinine. In April 1893 Dr Economopoulos prescribed for her pills of quinine and iron. She took these pills some days after her last menstruation, and the bleeding returned. The flow was pale, irregular, and accompanied by pain in the renal and hypogastric regions. It lasted twelve days. These symptoms she had not had previously. On the tenth day she ceased taking the pills. Six days after the hæmorrhage ceased she began taking the pills again, and the bleeding returned. Then they consulted another doctor, who gave some bitter drug, and the bleeding and pain continued in increased amount. After this I saw her, and found her pale, weak, anæmic, with a slow pulse, pains in the renal and hypogastric regions, and suffering from severe uterine hæmorrhage, which was stopped by the administration of antipyrine. During the three months that followed,

menstruation returned every twenty-seven or twenty-nine days. The flow was abundant, and lasted six or seven days. From that time until April 1894 it was regular in time, quantity, and duration. On 8th of April 1894 she had just menstruated, and by the order of her doctor took prepared quinquina wine, and she had begun to drink of it on the 16th and 17th of April. On the 18th, menstruation returned, with pain, and lasted until the 22nd. It ceased when she abstained from taking the quinquina wine. On the 26th I saw her for pains. There was a little tenderness in the left ovarian region. On the 26th I prescribed for her the following mixture:—Citrate of iron, 2 grms.; Sulphate of quinine, 1 grm.; Water, 100 grms.; two or three teaspoonfuls to be taken in old brandy or in wine after each meal. On the 27th she took a teaspoonful after dinner and another after supper; on the 28th a teaspoonful twice. On the evening of that day she complained of pain in the renal and hypogastric regions. Medicine countermanded. On the 29th a teaspoonful at breakfast and after dinner. On the 30th a teaspoonful after breakfast, after dinner, and a tablespoonful after supper. On the 1st of May she complained of severe pain, and the medicine was countermanded. On the 3rd of May the medicine was taken again, and then, on the following day, she went into the country, and was advised to take a teaspoonful twice and a tablespoonful of the medicine once a day. On the 5th menstruation returned, abundant, and with severe pain. I ordered her 3 grms. of antipyrine in ten doses, one to be taken every half-hour until five doses had been taken, and the remainder every hour. The hæmorrhage then sensibly diminished, but the pain remained nearly the same, but during the action of the bowels the hæmorrhage returned, and the patient became dizzy and fell to the ground. The hæmorrhage continued for five days, and then ceased. On the 22nd of August I saw her again, and she said that her doctor in the country had prescribed a dose of quinine for her, and that this had brought on the pain in the back and bleeding. She complained then of some pain in the renal region. On palpation nothing abnormal could be discovered. Sulphate of quinine, 0.40 grms. in three doses, one to be taken every half-hour, was prescribed. After this the pain in the renal region increased. On the 23rd she was better. On examination the hymen was intact, and nothing abnormal could be discovered.

VIII. *Dr Ballantyne* also communicated the following NOTE OF A GUNSHOT WOUND OF THE ABDOMEN—WONDERFUL RECOVERY, by *Dr J. K. King*, New York:—

On Sunday afternoon, August 26th, 1894, during a quarrel, an Italian, F. R., aged 31, was shot in the abdomen. The weapon was a 32 calibre revolver. The bullet entered the abdomen $1\frac{1}{2}$ inch below the umbilicus, and $\frac{1}{2}$ inch to the right of the median line. Dr M. L. Bennett was called to see the case. The patient