A HUNDRED AND FIFTY YEARS AGO

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HYPODERMIC INJECTION OF ERGOTIN FOR HAEMOPTYSIS

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THE USE OF ERGOT OF RYE in the practice of medicine appears to be almost entirely limited, by the great body of the profession, to obstetric practice. In a suggestive paper published in *The Practitioner* for September 1868, Dr Alfred Meadows advocates the extended use of this drug, which he had found extremely useful in various uterine and vesical affections. In the same spirit I venture to submit the following observations on a therapeutical application of ergot, hitherto but little known.

It seems to me that the restricted use of ergot is the direct result of the want of a full appreciation of its great power of inducing contraction in muscular fibre of the involuntary or non-striped variety generally, and not merely in that of the uterus. Although having an important bearing on the general action of ergot, the following remarks apply especially to its action on the blood-vessels, of which unstriped muscular fibre is so important a histological element.

Ergot has long had the reputation of being a styptic; and as such has been recommended in the treatment of haemoptysis. However, I have not found the internal administration of ergot followed by satisfactory results in arresting severe haemoptysis as some other styptics. Indeed, in several cases it has produced such a disagreeable sensation of nausea that its use had to be abandoned.

Ergot by injection for aneurism

An interesting paper published by Von Langenbeck in the *Berliner Klinische Wochenschrift*, No. 12,1869, P.117, on the hypodermic injection of ergot in aneurism, contains the first account I can find of its administration by this method. He argued that, as ergot induced contraction of the smooth muscular fibres, it would be a powerful agent in producing haemostasis. Two cases of aneurism, one in the right supraclavicular fossa and the other of the right radial artery, were successfully treated by this means.

Others have successfully repeated this method of dealing with aneurisms. Dr Allan Jamieson records a case in the *British Medical Journal* for June 3, 1871, in which the same treatment was successfully adopted in a slighter case. This last case attracted my attention to this mode of treatment. I have since adopted it in eight cases, the particulars of two cases are now offered as data for judging of its value.

A man, aged 26, with severe haemoptysis

A man aged 26 came under my care at the Hulme Dispensary on the 26 September, with severe haemoptysis, which had lasted continuously for two days, although he was under medical treatment all the time. He had had cough and purulent sputum more or less for two years, with occasional streak of blood in the sputum.

On the night of the 23rd, after a hard day's work, he was stooping to take off his boots, when, without any previous cough, his mouth filled with blood; from that time till the morning of the 26th he had "spat up several pints of blood," according to his own account. His face was completely blanched, and the mucous lining of his lips and cheeks very pale. The physical signs indicated the presence of a large dry cavity at the right apex and a smaller one at the left apex with fluid contents.

Injected five grains of ergotin in watery solution. Not a single bloody sputum followed the injection till the 28th, when, after a severe fit of coughing, he again began to spit blood. The injection was repeated, with the same result, viz. the abrupt cessation of the haemoptysis, which, however, probably owing to *domestic inquietude*, recurred on the night of the 29th, as I afterward learned, when his wife insisted on his leaving Manchester.

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A woman, aged 22, with severe haemoptysis after dancing

A.B., aged 22, the eldest of six healthy children, but whose father died young, of 'consumption', had enjoyed perfect health up till June last, when after a long walk she suddenly began to spit up florid blood in considerable quantity. From that time till about the middle of September she suffered more or less from cough, with occasional streaks of blood in the sputa, but was otherwise well; menstruation regular.

After dancing one night, she was attacked with severe haemoptysis at 2 a.m., and when I saw her at 11 a.m. she looked rather anaemic, had a troublesome cough, and was expectorating mouthfuls of blood; temperature 99° F; pulse 84. Five grains of ergotin in watery solution injected into the cellular tissue of left arm; enjoined perfect rest in bed.

On a subsequent visit I found that no expectoration of blood had taken place since the injection. The only physical sign present was fine crepitation, audible at the close of inspiration over a limited area of the base of the left lung – no dullness anywhere. The crepitation had disappeared a fortnight later; and when I last saw her, nearly two months after the injection, no return of the haemoptysis had taken place, and she was apparently in perfect health.

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