On 8th, a leucocyte-count showed a remarkable fall in the number of white cells—W.B.C. = 13,700, polynuclears 70 per cent.

On 18th all pain and tenderness had disappeared, and liver dullness was normal. There was still slight cough, however, and the lower lobe of the right lung had not completely cleared up. Up all day and on generous diet.

On 24th a blood examination showed:—

R.B.C., 4,360,000 per cmm. Haemoglobin, 80 per cent
W.B.C., 12,700

Lymphocytes and large mononuclears relatively increased. He is now convalescent, and gaining weight steadily.

The attack was of a very severe nature, and abscess formation appeared to be imminent for the first few days after admission.

There were no signs of dysentery, but on the advice of Lieutenant-Colonel Simpson, C.M.G., in charge of the Medical Division, the treatment with ipecacuanha—so strongly advocated by Leonard Rogers for amoebic hepatitis—was tried, and it appeared to have an excellent effect.

THE IPECACUANHA TREATMENT OF ACUTE HEPATITIS.

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The three following cases of acute hepatitis were admitted to the Station Hospital, Fyzabad, during September, 1910, and appear to be striking examples of the value of ipecacuanha in the treatment of this disease.

The powdered ipecacuanha was combined with tannic acid in the proportion of 3 to 1, and was given in the form of pills either at night or night and morning. The evening dose was given two hours after the last feed, and the morning dose immediately on waking. No opium or chloral was necessary, and no difficulty was experienced from nausea or vomiting.

Captain Nimmo, R.A.M.C., and Captain Kennedy, I.M.S., had charge of these cases during September, and handed them over to me on my return from leave early in October. I am indebted to these officers for their notes during this time, and to Lieutenant-Colonel Shine, R.A.M.C., for permission to publish the cases.

Case 1.—Private "B" was admitted on September 3rd, 1910, having been detained for two days, during which time he passed over a dozen stools a day containing blood and mucus. He stated that he had never suffered from dysentery or diarrhoea before. He usually drank beer to the extent of 4 to 6 pints daily. When he first came to India three years ago he drank 10 to 12 pints daily. He complained of pains in the epigastrum and diarrhoea. No liver symptoms.

The dysentery improved four days after admission and he was allowed light diet. About fourteen days after admission the patient complained of

...
pain in the right side. A hard, localized swelling was felt about the size of a hen's egg just over the gall bladder, which was painful and very tender. No definite enlargement of liver. Temperature rose to 101·4° F. and patient perspired freely at night. Stools loose, watery, no blood. Ipecacuanha 25 gr. given at night, combined with tannic acid. This continued for a week, when the swelling became more diffused, and there was distinct enlargement of the liver downwards which rapidly increased to 2 in. below the costal margin, with pain and tenderness all over the hepatic region.

The ipecacuanha was increased to 45 gr. daily. Two days later he felt much better, and the ipecacuanha was gradually decreased. The patient made an uninterrupted recovery and is now in very good health.

On October 28th, 1910, his weight was 9 st. 11 lb., and on January 31st, 1911, it had risen to 10 st. 8½ lb.

Case 2.—Private "S," admitted on September 20th, 1910, complaining of pain in the right side and right shoulder. He had never suffered from dysentery, but had had diarrhea for a week prior to admission. He stated that the pain came on suddenly in the right side, and was of a shooting character, which extended up to the right shoulder.

There was considerable enlargement of the liver downwards to 1 in. below the costal margin, and upwards for 1 in.; this was most marked in the mid-axillary line. There was also great tenderness over the gall bladder. Ipecacuanha, 25 gr., with tannic acid, 8 gr., was given at night.

September 28th, 1910.—His temperature has remained between 100° F. and 101° F. for eight days, and the pain is still severe, being most marked in the ninth intercostal space. There is distinct bulging on the right side. The ipecacuanha was increased to 55 gr.

October 1st, 1910.—The pain is now felt under the costal arch; it shoots up to the right shoulder. There is also severe perspiration at night, necessitating change of clothing. Examination of a blood-film showed a marked leucocytosis, but no numerical count made.

October 9th, 1910.—Pain and sweats continue. The prescription was to-day changed to ipecacuanha 30 gr., acid tannici 10 gr., night and morning.

The patient's condition gradually improved. Temperature normal on the 20th, and remained normal until November 27th. On October 21st, the ipecacuanha was reduced to 15 gr. night and morning; and on 25th it was further reduced to 10 gr. On October 27th the patient complained of a severe stabbing pain in the mid-axillary line, and noticed that the night sweats were worse; three days later he complained of an irritable cough; no expectoration.

A few coarse crepitations were found at the base of the right lung. The patient has become very thin and weak. Ipecacuanha again increased to 30 gr. night and morning.
Clinical and other Notes

November 3rd, 1910.—Considerable improvement, pain much less. He states the pain comes on at 3 p.m. and 9 p.m. daily.

November 5th, 1910.—Weight 7 st. 9½ lb.; marked improvement.

At the extreme base of the lung there is a dull area 1½ in., with loss of breath sounds, resonance, and conduction, evidently some pleuritic effusion. No apparent leucocytosis.

November 10th, 1910.—Improvement continued. On further enquiry I find that he suffered from diarrhoea last year when in camp.

November 13th, 1910.—Very little pain and only slight sweats. The enlargement of the liver is rapidly decreasing and is now only slightly marked. Weight, 7 st. 12 lb.

From now onwards the patient made a slow but uninterrupted recovery. The ipecacuanha was gradually decreased, and he was finally discharged from hospital on December 16th, 1910.

His weight on November 5th, 1910, was 7 st. 9½ lb.; this steadily increased, and on December 12th, 1910, it was 8 st. 10½ lb. in hospital clothing.

This case was particularly remarkable. On several occasions I decided to aspirate, but when it came to the point there appeared to be some slight improvement, so it was decided to wait, and aspiration was never performed, although it would seem that suppuration actually took place. It is unfortunate that no numerical blood-count could be made in this case.

Case 3.—Private "M" was admitted on September 27th, 1910, complaining of acute pain on the right side. He was detained for several days, during which time he suffered from acute pain over the hepatic area. He had just returned from Calcutta, where he had been for several weeks, and first felt the pain four days prior to his leaving for Fyzabad. He never suffered from dysentery or diarrhoea. He now drinks beer in moderation; he used to drink 6 to 8 pints a day, but states that during this year he has only taken an occasional pint, except during his stay in Calcutta, when he drank 8 to 10 pints a day.

On admission the patient looked ill and distressed. The tenderness was most marked in the mid-axillary line between the sixth and tenth ribs. Liver was enlarged upwards to the upper border of fifth rib and 2 in. below costal margin.

On the sixth day after admission a hard swelling appeared over the region of the gall bladder, which was very tense and tender. He was ordered ipecacuanha 30 gr., acid tannici 10 gr., night and morning.

Examination of a blood-film showed a very marked leucocytosis. The patient's condition gradually improved, and he was discharged from hospital on November 5th, 1910. His weight then was 8 st. 7 lb., and on January 31st, 1911, it had increased to 10 st. 1 lb.

All three men are now in the best of health, and state they have had no recurrence of pain or dysenteric symptoms.