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PERSISTENT VOMITING OF LABOR

ARRESTED BY

TINCTURE OF IODINE.

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PERSISTENT VOMITING OF LABOR ARRESTED BY TINCTURE OF IODINE.

GASTRIC disturbance is one of the many unpleasant attendants upon the pregnant state, only a few women escaping entirely. Ordinarily the vomiting of pregnancy ceases in the earlier months, at times, to again appear toward the latter end of gestation. Now and again it is with difficulty subdued, and frequently abortion or premature labor has been induced for its relief. Dr. Thomas C. Smith,¹ of this city, has reported a case where abortion was performed for the relief of excessive vomiting in pregnancy. In this case the emaciation following the gastric disturbance was so great that the patient was a veritable living skeleton. Every remedy employed had failed, and as a last measure a bougie was passed into the uterus, thereby saving the life of the mother at the expense of the ovum.

Dr. John Blake White² has reported two cases of pernicious vomiting of pregnancy, occurring in the same subject, of which I make extracts: Mrs. M—, aged twenty-three, when the sixth month of utero-gestation was reached, had a slight "show," followed by slight uterine contractions and constant nausea, vomiting, and retching. The uterus was quieted, but the gastric symptoms continued unabated for ten days. Every well-known remedy for the relief of the symptoms was resorted to without any apparent benefit. That which seemed in any degree to be of service was carbolic

¹ Smith, Thomas C.: Amer. Jour. Obstet., June, 1886, vol. xix.

² White, John Blake: New York Med. Jour., August 7, 1886, vol. xlv., p. 154.

acid, in fraction-drop doses, every half-hour or hour, *pro re nata*, and an occasional morphine suppository. The advisability of inducing premature labor was being considered when the stomach became more tolerant, and in due time convalescence was established. No further trouble occurred, and she was delivered naturally at term. During the period of her second pregnancy her condition continued favorable up to the sixth month of utero-gestation, when she was again sick with distressing nausea and vomiting, but recovered from the attack without any serious consequences, and continued in fair health up to within two weeks of her expected confinement, March 19th. He was called March 12th, when she had been suffering from nausea and occasional vomiting for several days. Her nausea and retching continued throughout the night, and these symptoms assumed a very serious aspect. On March 19th, when the patient's condition appeared to be rapidly becoming critical, and the induction of labor seemed to be decidedly the proper course to pursue, natural labor set in and resulted in a still-birth. The third stage was rapidly and satisfactorily accomplished; the womb afterward contracted firmly, and it was hoped that the persistent retching would cease after the seemingly exciting cause had been removed. The retching soon returned with increased energy, and, with the vomiting, continued, in spite of every means to control these symptoms, until evening, when the hemorrhagic character of the vomit became manifest. The symptoms persisted until death from asthenia supervened, twenty-four hours after confinement. There was no septicæmic influence to account for the malignancy of the symptoms.

Sometimes vomiting attends labor, but it causes trouble in but a few isolated cases, where, from its persistency, exhaustion becomes so great that the contractions of the uterus become too feeble to complete the labor. The cases recited show the little value attached to the rem-

edies usually employed, and the benefit to be derived from the internal administration of ~~tincture~~. According to the teaching of Wood, iodine, when taken internally in moderate doses, causes "some gastric uneasiness and a disagreeable metallic taste in the mouth; when larger amounts are ingested, the gastric uneasiness may be intensified into violent vomiting, with increased salivary flow, abdominal pains, and sometimes purging."¹ He also states, in regard to the internal administration of iodine: "Nor should the tincture be given internally, because the iodine is precipitated by the watery juices of the stomach;"² but advises the use of the compound solution of iodine in doses of five to fifteen drops. The *rationale* of its action, in the class of cases to which reference is made, I do not attempt to explain; the fact remains the same nevertheless.

The United States Dispensatory³ states: "The tincture of iodine is not eligible for internal use;" and further,⁴ "the dose of the tincture is from five to fifteen drops, but Lugol's solution is a much preferable preparation for the internal administration of iodine."

Bartholow⁵ states: "The vomiting of pregnancy can sometimes be greatly relieved by drop-doses, every hour or two, of the tincture."

Potter⁶ writes: "But it is generally used as a local application or for injection into cavities;" and further,⁷ "and in the vomiting of pregnancy drop-doses of the tincture every hour are often efficient."

Brunton⁸ writes: "On account of its irritating action on the intestinal mucous membrane iodine is rarely given internally."

¹ Wood: Therap. Mat. Med. and Toxicol., p. 411.

² Ibid., p. 415.

³ U. S. Dispensatory, fifteenth edition, p. 809.

⁴ Ibid., p. 1461.

⁵ Bartholow: Prac. Treat. on Mater. Med. and Therap., p. 219.

⁶ Potter: Handbook Mater. Med., Pharmacy, and Therap., p. 231.

⁷ Ibid., p. 234.

⁸ Brunton: Text-book Pharmacol., Therap., and Mater. Med., p. 559.

Farquharson¹ does not mention its internal use, nor does Gubb.²

The first recorded experience of the use of iodine in gastric disturbances which I have met with is by Dr. Thomas J. Gaunt,³ who relates a series of successful experiences with the compound tincture, under the title of "The Use of Iodine as a Stomachic Sedative." He gave it in doses of from three to five drops. I have frequently obtained the same beneficial results which he reported, in cases of the morning sickness of drunkards. If for any reason the compound tincture cannot readily be obtained, the simple tincture will answer equally as well.

M—, white, aged twenty-six, born in the District of Columbia, went into labor with her first child, March 2d, at 2 A.M. Her previous history was negative, if we except the usual vomiting attending the earlier months of her gestation. When called, at 3.30 A.M., the os was dilating, vagina moist, head presenting, membranes intact, but she was vomiting persistently. Previous to my arrival she had been given lime-water, pepsine, brandy, ingluvin, and cerium oxalate, without benefit. Mustard was ordered over the pit of the stomach, and cerium oxalate combined with ingluvin given without success. Carbolic acid in half-drop doses failed, as did lactopeptine. She was becoming rapidly exhausted and the pains had ceased. Whether to administer chloral hydrate per rectum, or to administer an anæsthetic and ~~so~~ terminate the labor, were questions to be weighed, when the iodine treatment came to mind. Following the advice of Dr. H. B. Hemenway,⁴ in protracted labors—"Posture during Labor"—she was propped up in bed, hoping thereby to precipitate the

¹ Farquharson: Guide to Therap. and Mater. Med., edition of 1879.

² Gubb: Griffith's Mater. Med. and Pharmacy.

³ Gaunt, Thomas J.: Amer. Jour. Med. Sc., April, 1883, p. 413.

⁴ Hemenway, H. B.: Amer. Jour. Obstet., June, 1886., vol. xix., p. 575-

labor, at the same time the finger being introduced and pressed against the anterior lip of the cervix; contractions of a feeble character followed, still the vomiting continued. At this juncture she was given five drops of tincture of iodine in a tablespoonful of sweetened water; the effect was magical, for the vomiting ceased almost immediately. To make assurance doubly sure she was given a second dose in thirty minutes. The labor now progressed rapidly, and at five o'clock, three hours after the first pains, she was delivered of a male child, well developed and healthy. Third stage normal. No bad effects followed the use of the iodine. While Dr. H. B. Hemenway is credited with the postural treatment of protracted labors, the idea was not new, as I have seen it mentioned briefly in obstetric works, but I think the credit of developing the idea belongs to him.

Dr. Samuel C. Busey,¹ of this city, read before the Medical Society of the District of Columbia, at a recent meeting, a paper on "Persistent Vomiting during Labor relieved by Anæsthesia." In this case success followed the use of the alcohol, chloroform, and ether mixture, but it was necessary to continue the administration to the end of labor, as the vomiting recurred upon the suspension of the anæsthetic. In the report of remarks made, it appears that "the tincture of iodine finally controlled the vomiting, but the pains ceased."² This is a mistake, as the labor progressed to a rapid end after the arrest of the vomiting, as appears above. Dr. L. Mackall³ referred to the good effects of administering a cupful of crushed ice, swallowed as rapidly as possible; he had by this means allayed gastric irritability as well as promoted efficient uterine contractions, and prompt delivery in such cases.

The use of anæsthetics to lessen the pains in labor, I fancy, is a prolific cause of post-partum hemorrhage,

¹ Busey, S. C. : Jour. Amer. Med. Assn., April 30, 1887, vol. viii., p. 484.

² Eliot, L. : Jour. Amer. Med. Assn., April 30, 1887, vol. viii., p. 492.

³ Mackall, L. : Jour. Amer. Med. Assn., April 30, 1887, vol. viii., p. 492.

if since there is want of discretion and care in their use; but the first insensibility were the limit of their action they would be far safer. The safest plan is self-administration. The treatment here recited will be of service in cases of vomiting of pregnancy, that following a debauch, and almost any variety of vomiting, and as an agent so potent for good deserves a fair trial.