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## Original Communications.

### QUINQUINIA VS. QUININE AS AN ANTI-PERIODIC.

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Quinquinia is a preparation said to contain 15 per cent. of quinine, the remainder of the preparation consisting of the other alkaloids of cinchona bark in their natural combination: quinidia averaging 15 per cent., cinchonidia 15 per cent., cinchona 25 per cent., chinoidine 30 per cent., and for which is claimed therapeutical properties equal to quinine, "grain for grain," with certain material advantages, viz.: the absence of symptoms of quinine during its administration, and the cheapness of the drug as compared with quinine. The specimen of the preparation which my partner Dr. Holmes received, has been administered by us to twelve patients. A short record of the results I thought might be interesting to the profession, especially to those practising in malarious districts who have not as yet given it a trial.

No. I. F. W., male, aged 44. Had general malaise with loss of appetite and high colored urine for several days, but continued following his usual occupation until the morning of the fourth day of his not feeling well, when he had a heavy chill followed by fever, headache and pains in his limbs and back; he was compelled to go to bed and sent to me for a bottle of ague medicine. I sent him twenty grains of quinquinia to be divided into ten powders and one to be taken every two hours, with a purge of rhubarb and calomel. On seeing him a few weeks afterwards he informed me that the medicine had cured him; that there had been no return of the ague; and he was glad I had "at last found a medicine that would cure ague without having any quinine in it," the quinquinia

not producing the usual symptoms of cinchonism which quinine always produced in his head to a marked degree.

In a malarious district one not infrequently meets with cases similar to this, in which without the administration of any anti-periodic there is no return of the paroxysm, the malarial poison seeming to be eliminated after a single attack, apparently spontaneously. This might have been such a case and no credit due to the quinquinia for the favorable termination of the disease.

No. II. Sept. 12th. A. M., female, aged 56. Has had tertian ague for a week past, in all, four paroxysms. Prescribed 30 grains of quinquinia—3 grains every two hours. She commenced to take the medicine at one o'clock upon the fourth apyrexial day of the attack, the fifth paroxysm was expected the following morning about ten o'clock, but she escaped it, the remedy having been taken regularly as directed. We could scarcely expect more from quinine, probably a smaller quantity would have produced the same result. The ague returned in a fortnight, when 30 grains of quinine were ordered and broke it, quinquinia not being obtainable, our supply having become exhausted. She had no return of malarious symptoms when last seen, one month after her last attack. Whether quinine has superior prophylactic properties to quinquinia in malaria, my experience with the drug is too limited to state. This case would favor quinine as giving greater immunity to subsequent expressions of malaria.

No. III. F. J. G., female, aged 37. Was seen on the evening of Sept. 13th; complained of chilliness with headache, particularly over the left brow, pains in the limbs, no appetite, languid and tired. Temp. 101° F., pulse 100. The day previous she was quite well. Ordered 30 grains of quinquinia—3 grains every two hours. When seen the following evening her symptoms had not improved; there was some relief from the pain during the morning, but it increased in severity during the afternoon. The quinquinia having all been taken and my experience being so limited with the preparation, I did not feel justified in continuing its use any further. Knowing that quinine would certainly restore the patient in a few days to health, 36 grains of sulphate of quinine were ordered and the patient was well in a couple of days. If I had had the same confidence in