To the Editor.—The following material is meant to complement Holzman’s article on Atropos.\(^3\) *Datura stramonium*, from the Greek *strychnomonikon* (causing madness),\(^7\) is another of the atropine-containing herbs.

It is said that Apollo’s priestess Pythia, under the influence of *Datura*, had her incoherent responses interpreted by a priest.\(^3\) Dionysus was also familiar with *Datura*: 1

The root being drunk with ye quantity of a dram, hath ye power to effect not unpleasant fantasies. But 2 drams being drunk, make one beside himself for three days & i being drunk kill him. But ye remedy of this is Melicrate, much being drank, & vomited up again.

Porta’s *Magia Naturalis* mentions the belladonna alkaloids as useful for making people “...mad for a day, without injuring their health in anyway. for the amusement of guests at feasts.”

One must be careful extrapolating animal data to humans. Cat, rat, and rabbit livers have a rapid rate of atropine metabolism. In addition, 20–25% of rabbits have an atropine esterase\(^6\) capable of inactivating from 1 mg to 20 mg of atropine/cm\(^2\) serum. No human correlate exists.\(^7\)

Atropine’s mydriatic effects have been used clinically. Hughlings Jackson distinguished belladonna poisoning from postepileptic delirium by placing a drop of the patient’s urine into a cat’s eye. Subsequent rapid dilatation of the cat’s pupil confirmed the diagnosis.\(^8\) Birds may not be substituted, as their irides are composed of striated muscle.\(^8\)

Atropine toxicity therapy had a surreptitious origin. During medical school, Forrer\(^9\) saw a patient become comatose after receiving presumed procaine for local anesthesia. He later initiated atropine toxicity therapy (32–200 mg atropine sulfate, 4 days a week, for 6–30 treatments) for psychiatric therapy. Patients often had hallucinations and disturbing illusions before going into coma.\(^9\) Similar treatments were also used for Parkinson disease,\(^15\) with up to 195 mg hyoscine (scopolamine) used.\(^13\)

In 1700, the founder of American psychiatry dealt with *Datura*.\(^14\)

Sixty years later, Storck hinted at the psychic use of *Datura*:

If the thornapple, by disordering the mind, causes madness in sound persons, may we not try whether, by changing and disturbing the ideas and common sensory, it might not bring the insane, and persons bereft of their reason, to sanity, or soundness of mind, and, by a contrary motion, remove convulsions in the convulsed.\(^15\)

The classic description of anticholinergic poisoning is: “hot as a hare, blind as a bat, dry as a bone, red as a beet, and mad as a hen.”\(^16\) Several of *Datura* nicknames have dark overtones: Devil’s apple, Devil’s trumpet, herbe aux sorciers au de diable.\(^17\)

Gerard notes that *Datura* is “of great use in surgery” and “of a drowsie and nummimg, quality, not inferior to Mandrake.” He also relates Thococritus’ observations: “...even all the Colts and agile Mares in mountains mad do fall.”\(^18\)

References

1. Holzman RS: The legacy of Atropos, the fate who cut the thread of life. *Anesthesiology* 1998; 89:241–9
To the Editor—I read with interest Dr. Holzman’s recent article concerning the history of atropine alkaloids. This is a very important comprehensive review dealing with old myths that captured the imagination of ancient physicians. The actual use of these alkaloids was not very clear and the article did not give a definite account of their role in surgical practice. For that reason, I would like to note that almost 700 yr ago, an Arab surgeon wrote a complete chapter on pain relief and described the use of Optium (Afname), hyoscine and atropine alkaloids (Al-Bani). He did not mention mandrake as such. The surgeon was Abul Faradji Ibn Moufaq Eddin Yakoub Ibn Issac Ibn Al-Koff (born 1232 A.D.) and his book was Al-Omdah Fi Sinaat Al-Jirahah. His words go like this:

And you ought to know that relief for pain is of two types: true and untrue. The former is opposing the cause of pain. . . . With regards to the untrue type it is the anesthetic, it is the one that the surgeon needs in this situation. . . . The first pain reliever, the one which is the true type, is the beneficial with good consequence. With regards to the second pain reliever, even though pain relief occurs with it, and ability to treat is made possible, as much as it decreases pain, it weakens the strength and freezes the substance that causes pain and fixes to the organ, therefore the surgeon shouldn’t use it except in a great matter.

This quotation represents a modification of the previously held views, paving the way for “rational” use of these drugs. His remarks are based on previous observations on patients. There are no controlled or statistical arguments in his accounts. However, he does document the poisonous nature of these agents. He still advocates its use for great tasks (surgery) or “the ability to treat” (by the surgeon, i.e., surgery) to be obtained.

Thank you for this excellent review.

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