

Death by chloroform.

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60. *Calomel Treatment of Cholera*.—Dr. H. M. HUGHES, Assistant Physician to Guy's Hospital, gives a very unfavourable report in a paper in *Lond. Med. Gaz.* (Sept. 21, 1849), of the effects of the calomel treatment of cholera, as resulting from his experience. Most of the cases he has seen have been in consultation. In a majority of these, the disease had already advanced, when he first saw the patients. "But," he says, "I have been called to cases in which calomel, in frequently repeated small doses, had been commenced very soon indeed after the onset of the complaint, and to one in which it was administered an hour and a half after the first appearance of the disease, and assiduously continued up to a quarter of an hour of the patient's death; which event occurred only fourteen hours after he had been *perfectly well*. I have seen a great many cases in which the frequently repeated small doses of calomel, and some few in which large doses less frequently administered, had been commenced, and actively persisted in, before I had been called in. With such administration of the mineral, when the patient was already in, or approaching to, a state of collapse, I have not usually interfered, for I have considered that it was not likely to be then injurious, and have contented myself with advising the free supply of cold fluids or of ice; the application of wet towels wrapped round the legs, for the relief of cramps: sponging the body with tepid water, and then covering it with blankets: and the use of any mild nourishment that the patient could take, with a sparing supply of stimulants, preferring others to alcoholic stimulants. I believe that all, or at any rate almost all, the patients so treated have died."

Dr. Hughes further states that a number of his professional friends made to him equally unfavourable reports of the results of their experience with the calomel practice.

Dr. W. L. RICHARDSON, physician to the cholera hospital at Edinburgh, has been equally unsuccessful with the calomel treatment. In the *Medical Times* (Sept. 22, 1849), he gives a tabular statement of eighteen unequivocal cases of Asiatic cholera, treated at the Edinburgh Cholera Hospital by Dr. Ayres' method; two grains of calomel with one or two drops of laudanum, every ten minutes. In eleven of these, there was not the slightest attempt at reaction, and only one case actually recovered; two others survived the cholera, but one died of pneumonia, and the other from peritonitis.

ANÆSTHETIC AGENTS.

61. *Death by Chloroform*.—At the meeting of the 16th of October last, a letter from Dr. CONFÉVRON, of Langres, brought before the Academy of Medicine of Paris a most appalling case of sudden death during the inhalation of chloroform. Madame Labrune, thirty-three years of age, a mother of a family, in robust health, and of a nervous and excitable temperament, had been subjected to anæsthesia by Dr. Confévron, a twelvemonth ago, for trifling surgical operations. On the 23d of August last, this lady requested her dentist to remove a large molar tooth, and as she was apprehensive of the pain, she would not consent to the extraction, except she were placed under the influence of chloroform. As the dentist was not accustomed to this agent, I (says Dr. Confévron) was solicited, both by himself and the patient, to administer it. "Though I felt unwilling to use anæsthesia for operations of little importance, especially since the painful accidents which had occurred in very clever hands were made public, I thought myself justified in deviating from the rule I had laid down these eighteen months, and I conceived that the previous successful administration of chloroform to the patient was a guarantee of the safety of a second trial. I had, besides, made up my mind to produce a very slight numbness, since the operation was not important, and the pain very short. I placed, therefore, on a handkerchief a small pledget of cotton wool, of the size of a nut, and moistened it with less than fifteen minims of chloroform. Madame Labrune held it herself to her nostrils, and breathed it at a little distance, so that the surrounding air might freely mix with the anæsthetic vapours. In eight or

ten seconds, the effect became apparent, by the blinking of the eyelids. I then made a sign to the dentist that he might proceed to operate; but the patient, who had had experience in anæsthesia, not thinking herself sufficiently insensible, pushed away the hand of the operator, and making us understand by signs that insensibility was not complete, she brought the handkerchief nearer to her face, and made rapidly four or five more powerful inspirations. At that moment, I removed the handkerchief myself from her face, and lost sight of her but just to put it on a table, and when I glanced at her again the face was already pale, the lips discoloured, the features shrunk, the eyes sunken, the pupils horribly dilated, the jaws contracted so as to prevent the dental operation, and the head thrown backwards. The pulse was quite gone, the limbs were in a state of complete resolution, and a few inspirations at long intervals were the only signs of life which the patient gave us. Without losing a moment, everything which can be done in such a case was immediately had recourse to for two hours, but without success. Stimulation of the nostrils with ammonia, movements of the arms and thorax, repeated insufflations of air into the chest, which was made to move artificially for some time; frictions with ammonia over the thorax, and then all over the body; cauterization of the præcordial region with burning coals, and finally a galvanic current by means of a powerful voltaic pile, which was just being used in the neighbourhood, and which was promptly placed at our disposal, were successively used, but nothing could avert a fatal termination, in the reality of which I could hardly believe. Since February, 1847, I have been using anæsthetic agents daily, both in private practice and in our hospitals, and never have I given smaller doses, nor acted with more caution than in this case. The chloroform had been inhaled, freely mixed with atmospheric air, without any apparatus, and nothing indeed was wanting to render the operation perfectly harmless. I was, moreover, aware that my patient was labouring under no organic disease which might counter-indicate chloroform. I should, however, mention, in order not to omit any circumstance, that Madame Labrune had been much disturbed during the day, and that I was ignorant of that fact when the operation was attempted; but this could hardly explain such a fearfully sudden accident. Permission to examine the body was given by the family, and thirty-eight hours after death the necropsy was performed by myself, assisted by my colleagues, Messrs. Montrol and Faure.

"The membranes of the brain, and especially the veins at the base of the skull, were gorged with black blood, and the sinuses of the dura mater were filled with this fluid. The cerebral substance, on being incised, presented sanguineous dots, and the capillaries, divided by the knife, allowed the oozing of very dark blood. The cerebral matter was intact, and of the normal consistence; there was a rather large effusion of serum on the base of the cranium, which likewise filled the vertebral canal. In all the veins of the base of the skull, even in those of a very small calibre, we found a notable quantity of air bubbles intercepting the fluid, and easily displaced. The heart was soft, and an incision into the left auricle caused the evacuation of black blood, along with air-bubbles. There were no clots in the cardiac cavities. In the larger veins of the trunk, a great quantity of black and fluid blood was likewise found. The lungs crepitated well through their whole extent, and were of a slate-colour both externally and internally. The abdomen was distended with gas; the intestines were not opened.

"The most striking and incomprehensible circumstance of this sad event is, that the patient, far from indicating, by a complaint or otherwise, that she was being suffocated, as did the lady in the Boulogne case, was able to point out that anæsthesia was not complete; and four or five inspirations, made with a sort of pleasure, sufficed to bring on the highest degree of insensibility. It is evident that, in the present state of our knowledge, we have no means of forestalling such suddenly fatal cases, and I quite agree with Dr. Gorré (of Boulogne), in thinking that it is highly imprudent to use chloroform, as is too often done, for trifling operations."—*Lancet*, Nov. 17th, 1849.