

On the use of oxygen and strychnine in pneumonia / by T. Lauder Brunton and Marmaduke Prickett.

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Publication/Creation

[London] : John Bale & Sons, steam printers, 1892.

Persistent URL

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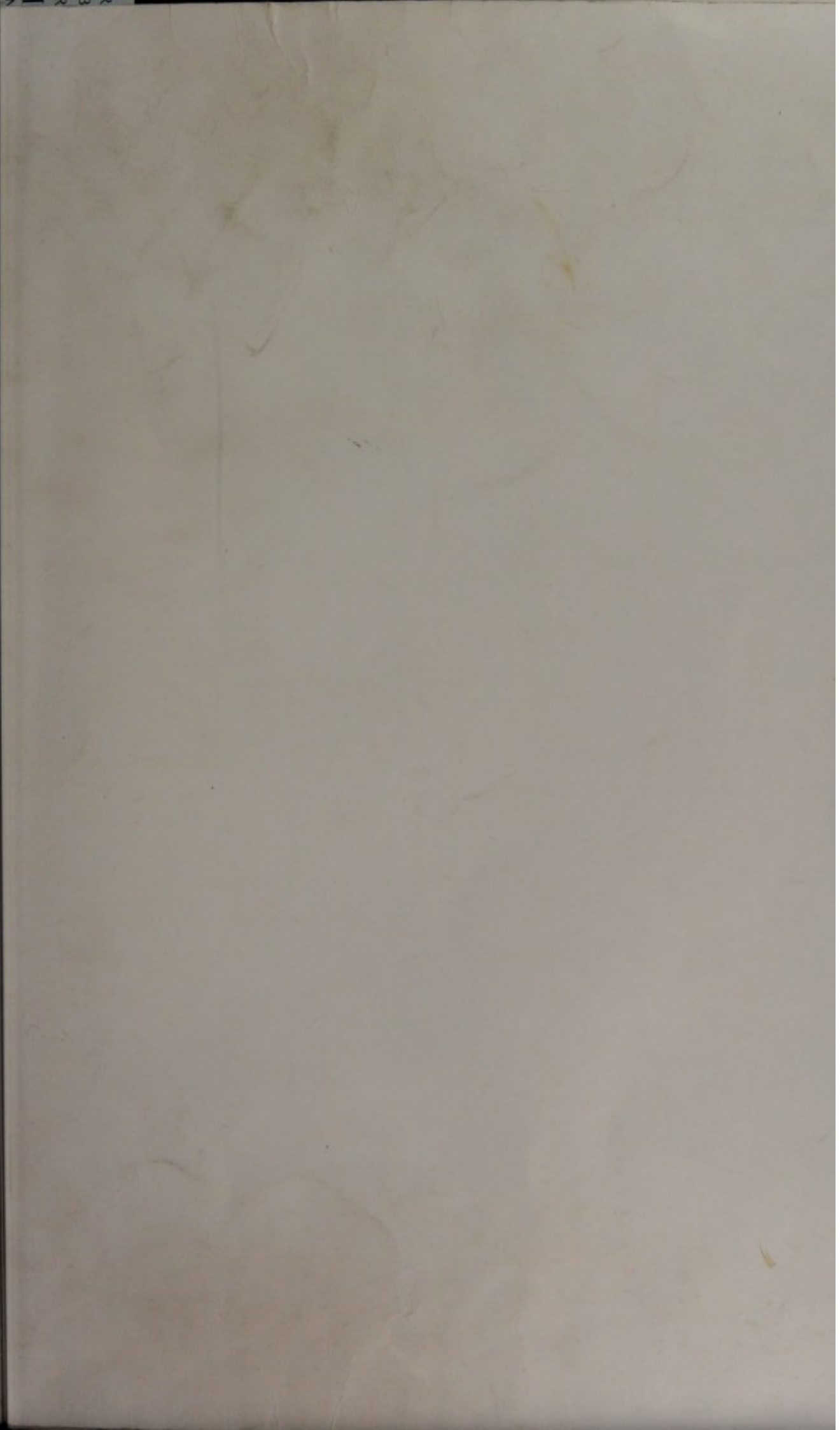
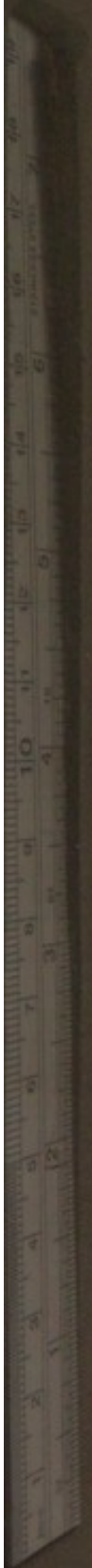
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ON THE USE OF OXYGEN AND STRYCHNINE IN PNEUMONIA.

BY

T. LAUDER BRUNTON, M.D., F.R.S.

AND

MARMADUKE PRICKETT, M.D.

THE great prevalence of pneumonia at the present time and the number of deaths which it is occasioning, induce us to write the present paper without further delay, although we might have wished to bring forward a larger number of cases. It is self-evident that if we can increase the oxygenating power of the air inhaled by the patients in cases where the breathing surface of the lung is diminished, we may afford great benefit, and in some cases may save life. More especially is this likely to be useful where the interference with respiration is of a temporary character, as in cases of acute pneumonia. In some such cases, where one lung, or one part of a lung, is clearing up, while another part is becoming involved, the question of life or death will be decided by the amount of lung available for respiration. This, again, will depend upon the comparative rate with which the inflammation encroaches on the breathing space on the one hand, and the already consolidated lung clears up on the other.

It is possible that an increased oxygenating power of the respired air for even a few hours may sometimes turn the

scale in such cases. We have, unfortunately, not had final success in a case which we are about to relate, but the immediate effect of inhalation of oxygen was so remarkable—we might also say miraculous—as to awaken the greatest hope of future success.

The Rev. E. V., aged about 40, a hard-working clergyman, was attacked with influenza and pneumonia of the right base. On Saturday, June 20th, 1891, this condition was beginning to clear up, but consolidation began to make its appearance at the left base. When we saw him together about nine o'clock on the morning of Sunday, June 21st, we found him completely unconscious, and apparently moribund, his face livid, the skin cold and covered with a clammy sweat, and loud mucous rattles accompanying every respiration.

There did not appear to be the slightest possibility of doing him any good, even temporarily, and we both thought it impossible that he could live more than two hours. Although we regarded the case as quite hopeless, we agreed that it was our duty to try every means of recovery. We accordingly performed venesection, and with some difficulty removed fifteen fluid ounces of blood. We injected $\frac{1}{10}$ grain of strychnine subcutaneously, with $\frac{1}{40}$ grain more after an interval of about twenty minutes, in order to stimulate the respiratory centre and increase, if possible, the respiratory movements.

These measures had very little, if any, effect, but, after using them it occurred to Dr. Brunton that the inhalation of oxygen might be useful. It had already been tried by one of us (Brunton) several years ago, as a means of preserving life in poisoning by serpent venom, but great difficulty was then experienced in obtaining it in sufficient quantity and in a portable form. This difficulty has now disappeared, for it can be obtained commercially in iron

bottles, in which it is condensed. The utility of oxygen in this form has recently been shown by Colonel Elsdale, who, in an article in the *Fortnightly Review* about a year ago, described his successful employment of it in a case of poisoning by coal gas.

We accordingly procured some oxygen with as little delay as possible from Brin's Oxygen Works, Horseferry Road, Westminster, the man in charge of the works kindly supplying it to us, although, being Sunday, both the works and the office in 34, Victoria Street, S.W., were shut.

The Oxygen Company* supplies a mouthpiece and inhaling bag somewhat resembling that usually employed for the inhalation of nitrous oxide and ether, but we used the simpler though more wasteful plan of allowing the oxygen to stream into the mouth through a plain piece of glass tubing attached by an india-rubber tube to the oxygen bottle.

In about fifteen or twenty minutes the patient's colour became less livid, though he was still completely unconscious. When he was next seen by one of us about two hours afterwards an extraordinary transformation had taken place. He was perfectly conscious, his colour quite healthy, and he expressed himself as feeling comfortable and well.

During our absence he had awakened, and said to a relative: "What a fine sleep I have had. I feel quite well." The inhalation of oxygen was discontinued, but nevertheless during the afternoon and evening, and early part of the night, he seemed to be progressing favourably. About three o'clock in the morning his respiration again became embarrassed, and his circulation feebler, and despite the continued inhalation of oxygen we found him about nine

* The telegraphic address of the Company is "Brins Oxygen, London."

o'clock on Monday morning in much the same condition, though not quite so bad as twenty-four hours before. We thought that perhaps this condition might only be temporary, and that he might again improve on a freer use of oxygen, but unfortunately he died about an hour and a half afterwards.

It is quite possible that nothing could have saved him, but we regretted that we were not summoned when the symptoms became worse, as we might have possibly done good artificial respiration with oxygen. It would have been easy to keep this up, for the oxygen, being contained under pressure in the bottles, all that would have been necessary was to pack the glass tube into one nostril, and by alternately, with the finger, compressing and relaxing the other nostril, to allow the compressed oxygen either to inflate the lung or escape through the nostril. This method might be useful in other cases.





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