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EDITORS:

EGBERT GUERNSEY, M.D.

ALFRED K. HILLS, M.D.

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WHEN IS RESUSCITATION FROM CHLOROFORM
IMPOSSIBLE?

AMONG the conclusions announced a few years ago by the celebrated Hyderabad Commission, as the result of their elaborate investigation into the toxic effects of chloroform and its method of producing death, the following, perhaps, was practically the most important: "That resuscitation after cessation of heart action is impossible." This assertion is flatly contradicted in the *Louisville Medical Monthly* for December, 1895, by Dr. C. A. Rice, whose argument is mainly based upon what he regards as "in several particulars the most remarkable case on record of death and resuscitation from chloroform." Dr. Rice, at the time of the occurrence related, was a surgeon in the Confederate Army, and the scene was the headquarters of his brigade, a short distance in the rear of where Generals Johnson and Sherman were facing each other at Kenesaw Mountain in Georgia. Lieutenant-Colonel Ross, commanding a Mississippi regiment, having occasion to visit these headquarters, was invited to take "a nip of good brandy," but received in-

stead a bottle of chloroform, from which he drank at least six ounces. The mistake was immediately detected, and three surgeons—including Dr. Rice—were quickly on hand; but in spite of all that was done, the victim's respiration within a few minutes ceased, the pulse at the wrist becoming slower and fainter, until it could be felt no more, which was in turn soon followed by cessation of all heart action. Artificial respiration was at once resorted to, but to no purpose, and he was pronounced by all to be dead. "His friends were even taking some wide planks from the kitchen loft to make him a coffin."

Dr. Rice at last suggested a trial of tracheotomy, which was agreed to in sheer desperation, and carried out by him with such appliances as were at hand. This was about 8 o'clock, the chloroform having been taken before sundown. The operation completed, and the tube secured, artificial respiration was begun again. "By this time," we are told, "that algid condition of *rigor mortis* had made its appearance." Hot irons and stones were applied, and blankets wrapped

around the body. About 10 o'clock some heart action began to be perceived. The artificial method was kept up until 4 or 5 o'clock in the morning, when the patient was aroused to some degree of consciousness. About noon of the same day he was removed to a rear hospital, where he made a nice recovery.

“Here,” observes the writer, “we have not less than sixty minutes' cessation of respiration and the same of cardiac impulse before the opening of the trachea and renewal of artificial respiration. I am quite sure, from my use of the drug, that chloroform has and does exercise the power of arresting or prolonging the coagulability of the blood. Without this condition present in this case I think the hypostatic congestion of the capillaries would have been a permanent barrier to the re-establishment of the systemic circulation, especially as he lay all this time in one position—on his back.

“In this case artificial respiration was kept up for about eleven hours; to have stopped it any sooner would have been certain death. It will be evident to any physician that the Hyderabad Commission is in error when it declares that resuscitation after the cessation of heart action is impossible.”