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REMARKS ON
THE ALLEGED CASE OF DEATH FROM THE
ACTION OF CHLOROFORM.

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In a paper on chloroform, written in November last, and
published in the December number of the Monthly Journal of
Medical Science, I stated my belief that “the power which was
have of it, by bringing into play the whole sp. pce., &c., so
exhibited in such a strong dose, and given uninterruptedly for
exhibited a state of apoplexy, epilepsy, syncope, or narcotism?

The girl died, then, as 1 conceive, from the nimia cura me-
choked or asphyxiated by the very means intended
to give her life. And this view of the case is further com-
pounded by the fact that the symptoms observed at the post-mortem inspection of her body
were all exactly those produced by simple asphyxiation.
The principal morbid appearances were the following. I
give them in an arranged and numerical order.

1. Heart.—The heart was large, and the pericardium was

2. Lungs “ not collapsed on opening the chest.”

3. Lungs congested.—“The external appearance of both
lungs over the whole surface, but especially at the inferior
portions, was that of organs in a very bad state of congestion.

4. Bronchi.—The pulmonary tissue was filled with bloody
froth, which was also found in the interior of the bronchi
mixed with mucus.

5. Larynx and epiglottis.—On examining the larynx and
trachea, the epiglottis was found reddened at the summit, of
a vermillion hue. The mucous membrane of the larynx was
redder than natural, mottled with vascular patches. The
sinuses of the larynx contained a good deal of dark mucus.

6. Parenchymatous abdominal organs.—The liver, kidneys,
and intestines, were all congested more than usual.

7. Brain.—“The brain externally and internally was more
congested than usual.”

These are all the special morbid appearances in the case,
as officially reported to be found in the body, and one and all of them are clearly the morbid appearances found in the
bodies of patients who have died of simple asphyxiation.

In proof of this I shall cite below, in a note, (and in
the same arranged order, for the sake of comparison,) the morbid
appearances characteristic of asphyxiation in a careful article
on the subject, by Dr. Carpenter, in the

“Library of Medicine,” vol. iii. pp. 251, 229.* I have taken
it as the first one to come first to hand. I might refer equally
to Dr. Roget’s essay on Asphyxia, in the “Cyclopedia of
Practic. Medicine,” vol. ii. p. 595.†

The morbid appearances, I repeat, in Mr. Meggison’s patient
were precisely those seen to result from pure asphyxia. They
were, on the other hand, different in some essential points
from the morbid appearances seen in the bodies of animals
killed by an overdose of chloroform, the important facts having
been that I witnessed a series of experiments made by a
committee of the Medicо-Chirurgical Society of Edinburgh,
many of the animals poisoned with fatal doses of chloroform.
Mr. Meggison’s patient, the blood found in the heart was
so dark” and “of a very dark red.” On the other hand, it was
mentioned in the allude, “firm coagula of blood in the heart were found in
some case where chloroform was inhaled.† In some the lungs were
congested; in others, quite healthy. In none did we find the
brain congested, as in Mr. Meggison’s patient.

* "Morbid Appearances after Simple Asphyxia rapidly Induced."—(Extracted from Dr. Tweedie’s Library of Medical, vol. iii. p. 231.)*

† "Heart and blood. The accumulation of blood in the right side of the heart, and in the vessels connected with it—namely, the systemic veins and pulmonary arteries, and the comparatively empty state of the left
aorta and pulmonary arteries, and the congested state of the veins and arteries of the head, limbs, and trunk. Blood, which is
usually colored red, is now seen to be blue. The blood in the brain, which is usually black, is now seen to be yellow. The blood in the veins of the hands, which is usually bluish, is now seen to be yellow. The blood in the veins of the legs, which is usually bluish, is now seen to be yellow. The blood in the veins of the abdomen, which is usually bluish, is now seen to be yellow.

‡ Brain. “The veins and sinuses of the head of coarse particles of the general venous congestion, and in well-marked cases, unusual number of red points is seen on slicing the brain.”

Besides, the dose of chloroform exhibited by Mr. Meggison was so small as to render it exceedingly improbable that it could have been the essential cause of the death of the patient.

Altogether, then, while it thus appears highly improbable that the fatal result in Mr. Meggison's case could be the consequence of the use of chloroform, and entirely due to it, the conditions in which the patient was placed were such as would almost inevitably have produced death by asphyxia. The morbid appearances were not those resulting from chloroform; they were those resulting from asphyxia: and as I have already stated, the verdict should not have been, "Died from the effects of chloroform," but "Died from the effects of means used to restore her from the state of anesthesia."

In making this remark, and coming to this self-evident conclusion, I have not been actuated by the slightest blame upon Mr. Meggison. Nothing could be possibly further from my wishes and intention. On the contrary, I take very great blame to myself for not publishing sooner, as I intended, a suggestion to my professional brethren, to warn them against this source of danger in the treatment of chloroformed cases, and thus prevent similar disasters. To point to it, as I have now done, will, however, I hope, be sufficient. And I will merely add, that I sincerely believe, from all that I have seen, that in such a case as Mr. Meggison's patient, nothing whatever requires to be done but the patient should be kept under observance, and the free respiration of air to the face of the patient. If at all else be to be attempted, it should amount to sprinkling cold water on the face, compressing the chest, or otherwise exciting inspiratory acts. And if still further measures are required, then, doubtless, artificial respiration should be the measure employed.

Edinburgh, February, 1846.

REPORTS OF CASES IN SURGERY.

By ROBERT STORKS, Esq., London.

Medullary Tumour of the Humerus: A Mutation at the Shoulder-Joint; Return of the Disease.

CASE 1.—At the commencement of February, 1846, I was requested by J. B., aged forty-five, applied to Dr. Jardine, in the month of July, 1845, for relief from constant gnawing-pain and a gradual loss of power in the left arm. These indications of disease had commenced imperceptibly, and steadily advanced, and had been, at length, so pressing, that he had been advised to take a few shocks of electricity, and he received several, at the Adelaide Gallery, without, however, deriving any benefit. On one occasion, the 16th of October, 1845, being too late to obtain one of the shocks he had usually received from the machine, he was induced by his attendant, to take hour after hour the electrical cell, and upon receiving the discharge he experienced acute pain in the upper part of the arm. On his return home, Dr. Jardine was summoned to his assistance, and at once detected a fracture of the left humerus, about its middle. The fracture was slight, and had firmly united about the usual period, and everything appeared to be going on satisfactorily with regard to the injury, although the limb remained in the same condition as to pain and loss of power. On Christmas day, 1845, he fell down a flight of stairs, and on being picked up insensible, it was found that the arm was broken about two inches above the seat of the former fracture. The humerus was re-set, and again united, and six weeks after the receipt of the last injury I was summoned to the case.

On a careful examination of the limb at this period, it was found that all movements of the shoulder-joint, in whatever direction they were made, gave pain, so severe in character as to render any but limited motions unbearable. His sufferings could only be explained by the supposition that the insertions of the muscles were in the disease, for the most accurate examination failed in detecting any enlargement of or pain on pressure of the head of the humerus—the contiguous processes of the scapula—or disease in the other structures composing and surrounding the joint. On tracing the humerus downwards, its shaft was found to be of double its usual size, and the bone was rough on the deltoid. The fracture was firmly united, and the rest of the limb was perfectly healthy, but wasted—a fact easily accounted for by the long period that had elapsed since our patient had exercised his arm; in every other respect he appeared healthful.

We both agreed as to the doubtful nature of the disease, and, at the time, anticipated that the case might ultimately terminate in a tumour connected with the bone. At this period, however, nothing could be proposed but that the disease should be regarded as a local disease, and be treated to any constitutional treatment that the symptoms might indicate. For, however suspicious the swelling about the bone might be, when taken in conjunctive with the symptoms preceding the injuries, there was not, at this period, more enlargement than could be fully accounted for by tumour, presence of the provisional callus, and nothing, therefore, to justify a more decided opinion.

Eleven weeks elapsed before I had another opportunity of seeing the case; during this interval a gentleman of much more extensive practice, Dr. C., was called in to assist in the treatment for diseased joints was employed. The disease, however, continued to advance, and this, as well as all the other treatment that had been previously employed, failed in checking its progress.

16th, 1846.—I again met Dr. Jardine. On the patient's clothes being removed, a tumour, the size of a large cocoa-nut, presented itself at the upper part of the arm, in the situation of the enlargement we had previously detected. On a careful examination, at points it appeared soft and elastic, at others more resistant. It involved nothing but the humerus, extending from below the insertion of the deltoid to its surgical neck. The tuberosities of that bone, the shoulder- joint, and the coracoid and acromion processes appeared to be healthy, being neither enlarged nor tender to the touch; the skin was at no point inflamed, and the whole tumour was free from pain.

The boundaries of the axilla were not involved in the disease, except at those points immediately in contact with the bone; nor could we detect, on the most careful examination, any enlargement in the absorbent glands, either above or below the insertion of the deltoid, or in the axilla. During the very brief interval that his sufferings permitted, it was found that the bone, at the seat of the fracture, was not so firm as when we last met. The tumour had increased lately with great rapidity, and the pain entirely deprived him of rest. The confinement had been sufficient to allow of no good nourishment, and at the time of his last visit, there was a marked ascites, and great emaciation.

As there had been some difference of opinion as to the nature of the disease, we had the advantage, on the two following days, of consultations with the late Mr. Liston (whose loss we have to deplore) and Mr. Ferguson, both of whom concurred in the opinion that the disease was a malignant tumour involving the humerus.

The nature of the disease being now understood, it became a question as to what line of treatment we should adopt: from the results of operations for malignant disease, more especially from those on the present case, neither Dr. Jardine nor myself felt justified in urging an operation. We therefore laid before our patient a fair statement of the results of such proceedings, and left it to him to select the course we should adopt. He declined, after due consideration, upon taking the chance an operation afforded him, and I therefore, at his request, prepared the case for amputation.

April 21st.—One P.M.: Assisted by several of my friends, I removed the limb at the shoulder-joint. A preliminary puncture (in order that the accuracy of the diagnosis might be fully ascertained) having been made into the tumour, no bloody fluid escaped. The tumour then was cut away, and the bone was found solid; no blood issued, Mr. Ferguson (with that kindness by which I have so largely benefited) compressed the subclavian artery above the clavicles. With a stout bistouri, a semicircular incision, (with its convexity downward,) commencing just opposite the posterior border of the axilla, defined a flap, which was rapidly dissected up; and the joint was opened from behind.

At this stage of the proceeding, Dr. Hambly, who had charge of the arm, carried it across the front of the chest; but this proceeding was of no avail, the head of the bone remaining intact, although the force was properly applied, and the capsule and surrounding textures were freely divided. I at once became conscious that the disease had taken from me the lever force...