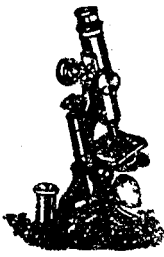


we have taken up on any of the points above alluded to. We must stand solidly for direct representation, the control of educational standards, and the "one portal" system, for experience has taught us that it is only on this basis that we can wisely and well build the superstructure in which it is hoped to unite all the nurses of the United Kingdom in a profession which it will be our joy and pride to see honoured and respected, not only throughout the British Dominions, but the wide world over.

Medical Matters.

CHLOROFORM SYNCOPE AND DIRECT MANIPULATION OF THE HEART.



Dr. T. Rudolph Smith, F.R.C.S., and Dr. Wm. Robert Darglish, B.S., report in the *British Medical Journal*, as follows, a most interesting case in which it is probable that prompt surgical treatment saved the patient's life.

J. W., male, aged sixty-three, was admitted into the Stockton and Thornaby Hospital to have his rectum examined for suspected malignant growth. He was somewhat emaciated and his arteries slightly atheromatous. On October 19th, 1905, chloroform was administered on a Skinner's mask. The patient took it well, without struggling, and was fully anaesthetized in about four minutes. After the digital examination had been proceeding for a few minutes Dr. Darglish noticed the patient's breathing becoming shallow and pulse feeble. The anaesthetic was at once stopped, the pupils being then well contracted. In a few moments both pulse and respiration ceased altogether, the apex beat could not be felt, the pupils began to dilate, and the face became livid.

The patient's head was lowered, the tongue drawn out, artificial respiration commenced, and strychnine injected subcutaneously. Though air passed freely in and out of the thorax, there was no attempt at voluntary respiration.

At this point, three minutes after the

cessation of pulse and respiration, Mr. Smith opened the abdomen in the middle line, just below the ensiform cartilage, the diaphragm was completely relaxed, and the heart was easily reached by the fingers and pressed forward against the ribs. The ventricles were soft and collapsed, and only a slight tremor of the heart muscle could be felt; gently kneading the heart, a faint contraction occurred, followed by others, and in about sixty seconds the heart was beating feebly but fairly regularly; a few seconds later voluntary respiration began, and was soon regularly established. Artificial respiration, which had been continuously carried on throughout was then stopped. After an interval of a few minutes the wound was closed. As the surgeon's hand had recently been in the rectum and had been cleansed in a most perfunctory manner, a gauze drain was inserted in the angle of the wound. The remainder of the incision in the peritoneum was sewn up with a fine continuous silk suture, the same done with the aponeurosis, and the skin brought together with interrupted silkworm-gut sutures. The patient was able to be moved to the ward about ten minutes later, and made an uneventful recovery. The wound gave no trouble and there was no rise of temperature. The gauze was removed on the fourth day, when a piece of silk was extruded from the wound and removed.

Remarks.—A case reported by Dr. H. M. W. Gray, of Edinburgh, in the *Lancet* of August 19th, 1905, led to this remedy being tried successfully in this case. The question arises when such a measure is justifiable. In Dr. Gray's case and another reported by him ten minutes elapsed between cessation of pulse and resort to this process. In neither case did the patient survive more than hours, but Dr. Gray's case was already moribund. Certainly in abdominal operation the treatment can be resorted to at once without difficulty, and he reports a previous case where this was done with good result. Other remedies should, however, not be neglected, and, above all, artificial respiration kept up continuously, as this must increase the chances of restoring the heart's action. Dr.

[previous page](#)

[next page](#)