CASE
OF
RECOVERY
FROM THE
INSENSIBILITY OF INTOXICATION,
BY THE
PERFORMANCE OF TRACHEOTOMY.

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COMMUNICATED BY MR. STANLEY.

READ NOVEMBER 24TH, 1835.

ABRAHAM HARRIS, aged 31, was brought to my house on the 31st of March last, in a state of complete insensibility from intoxication, the pupils being largely dilated, the breathing stertorous, and all voluntary motion having been lost for at least four hours before I saw him. The account given by those who came with him was, that he had attended a convivial meeting in the course of the day, at which he had drunk freely both of beer and brandy; his companions admitted that he had taken more than a pint of the latter, but it has since been ascertained that his glass was repeatedly filled up, without his knowledge, with white brandy instead of water, so that it is impossible to calculate what quantity of spirit he had actually taken.

I immediately used the stomach pump, and drew off between three and four pints of fluid, a great part of which appeared to consist of brandy; after which,

tepid water with ipecacuanha diffused in it was several times injected into the stomach, and after a while withdrawn again, with a view to excite vomiting, and thus rouse the energies of the brain. Finding, however, that these means failed, a strong solution of salt in water, and afterwards the sulphate of zinc, were repeatedly tried, without any better result; but he became, if possible, more comatose, the countenance turgid, breathing more and more difficult; the pulse grew fainter, and was at last scarcely perceptible; at the same time the whole surface of the body was cold and clammy, and he was insensible to every kind of stimulus. As he was some miles from his home, I had him removed to the Infirmary, and called a consultation of the other medical attendants, who arrived in the course of half an hour; but as, in addition to the above symptoms, he had lost the power of swallowing, and every appearance indicated the rapid approach of death, nothing was ordered for him but a turpentine injection, there being no ground to justify a reasonable hope of recovery.

At this period it occurred to me whilst standing by his bedside, that the comatose state in which he lay might not arise from apoplexy, but from torpor of the brain, in consequence of that organ being supplied with blood not duly oxygenated; for the shrill tone and extreme difficulty of respiration shewed the existence of collapse of the glottis, and imperfect transmission of air into the lungs, which might be accounted for by a paralysed state of the eighth pair of nerves and recurrent branches. With this view of the case

I again appealed to my colleagues, and strongly urged that a trial should be given to the operation of tracheotomy; for I could not but hope that if mechanical respiration were carried on for a time, the blood might regain its proper stimulant properties, and restore the energies of the brain and nervous system. Upon their consenting to give him this chance, the operation was performed, without loss of time, by Mr. Andrews, under whose care, as surgeon for the week, the patient was now placed.

The trachea was no sooner opened than the distension of the veins about the head and neck subsided, the violent efforts of the extra-respiratory muscles ceased, and in about half an hour regular and easy respiration through the wound was completely established; at the same time the pupils became slightly sensible to the stimulus of light, and the pulse returned to the wrist. The immediate result of the operation being thus far satisfactory, nothing remained to be done but to give directions for the frequent removal of the mucus which appeared at the wound, and to keep the surfaces of the incision asunder until the integuments and muscular layers had become agglutinated to each other: this latter object was effected by means of a piece of strong spring wire with a bow at each end of it, which, being introduced in a bent state, was allowed to expand, and the opening in the trachea was thus prevented from being covered by the muscles, even during the efforts of deglutition.

He continued perfectly quiet during the night, but had no return of consciousness until the following

morning, when he gave us to understand, by signs, that he suffered from headache and soreness at the pit of the stomach; there was a tendency to sickness, and the tongue was coated with a peculiar whiteness, as if rubbed over with chalk. Moderate purgatives, followed by mild alkaline medicines, soon removed these symptoms, and a few leeches were applied to the throat, for the purpose of checking too high a degree of inflammation; after which no further treatment was required; but the wound being healed in about three weeks, he was discharged cured, and has continued up to this time in the enjoyment of perfect health.