

ON NÉLATON'S METHOD OF RESUSITATION
FROM CHLOROFORM NARCOSIS.

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etc.*

Dr. Charles James Campbell, the distinguished accoucheur of Paris, has recently written two papers on anesthesia in obstetrics, in which he ably sustains the views long taught by Nélaton, that death from chloroform is due to syncope or cerebral anæmia. And amongst other strong arguments to prove his position, he gave a graphic description of a case of chloroform narcosis, which occurred in my practice in Paris, where M. Nélaton, by his method, unquestionably saved the life of the patient. She was young, beautiful, and accomplished, and belonged to one of the oldest and best families in France. Married at twenty, she gave birth to her first child a year afterwards. The head was enormous (hydrocephalic), impacted in the pelvis nearly 24 hours, and the delivery of a dead child was ultimately accomplished with instruments. Dr. Bouchacour of Lyons was called in consultation, and applied the forceps. In a week afterward, the urine began to dribble away, and in a fortnight an immense slough was thrown off. The case, surgically considered, was one of the most interesting I ever saw, and the operation was one of the most difficult I ever performed on any one in her station in life. The base of the bladder was destroyed and the fundus fell through the fistulous opening; it was therefore inverted, and protruded between the labia majora as a herniary mass of the size of an apricot, its external covering being the internal or lining membrane of the bladder, which was of a deep vermilion red colour. The vaginal portion of the cervix uteri and the posterior cul-de-sac were destroyed; and by the reparative process, the cervix and the posterior wall of the vagina were blended into one common cicatricial mass, which was firm, inelastic, and immovable. The case appeared desperate, and M. Nélaton had pronounced it incurable. A preparatory operation was necessary, viz., to open the cervix uteri, by dissecting it from the posterior wall of the vagina, and thus to reconstitute the canal of the vagina up to the canal of the cervix; and by a subsequent operation, to draw forward the flap thus formed, secure it to the neck of the bladder anteriorly, and thereby close the fistula. The first, or preparatory operation, was performed at the country house of the family near Dijon, on November 3rd, 1861, Dr. Dugast of Dijon assisting, and giving chloroform. The second, or operation for the radical cure, was performed on the 19th of the month at St. Germain, about an hour's distance from Paris by rail. M. Nélaton, Dr. Campbell, Dr. Beylard, Dr. Johnston, and Mr., now Dr., Alan Herbert, were present. I seldom give an anæsthetic in private practice for operation on the walls of the vagina, as the pain is generally not sufficient to call for it. But in this case as the slightest touch was unbearable, an anæsthetic was indispensable. Dr. Campbell was selected by the family, as well as by M. Nélaton and myself, to administer the chloroform, especially as he was in the

daily habit of giving it in his large obstetrical practice, and we all had entire confidence in his caution, skill, and judgment. The patient was soon anæsthetised. The operation was begun at 10 A. M., and I thought it would require about an hour to finish it.

Many years ago I imbibed the convictions of my countrymen against chloroform in general surgery, and have always used ether in preference, never feeling the least dread of danger from it under any circumstances. It is otherwise with chloroform, and in this particular case I felt the greatest anxiety, frequently stopping during the operation to ask Dr. Campbell if all was going on well with the patient. At the end of forty minutes the sutures (twelve or thirteen) were all placed, and ready to be secured, and I was secretly congratulating myself that the operation would be finished in a few minutes more, when all at once I discovered an unusual bluish livid appearance of the vagina, as if the blood were stagnant, and I called Dr. Johnston's attention to it. As this lividity seemed to increase, I felt rather uneasy about it, and I asked Dr. Campbell if all was right with the pulse. He replied, "All right, go on." Scarcely were these words uttered, when he suddenly cried out, "Stop! stop! No pulse, no breathing"; and looking to M. Nélaton, he said, "Tête en bas, n'est-ce pas?" Nélaton replied, "Certainly; there is nothing else to do." Immediately the body was inverted, the head hanging down, while the heels were raised high in the air by Dr. Johnston the legs resting, one on each his shoulders. Dr. Campbell supported the thorax. Mr. Herbert was sent to an adjoining room for a spoon, with the handle of which the jaws were held open, and I handed M. Nélaton a tenaculum, which he hooked into the tongue, and gave in charge to Mr. Herbert; while to Dr. Beylard was assigned the duty of making efforts at artificial respiration, by pressure alternately on the thorax and abdomen. M. Nélaton ordered, and overlooked every movement, while I stood aloof and watched the proceedings with, of course, the most intense anxiety. They held the patient in this inverted position for a long time, before there was any manifestation of returning life. Dr. Campbell in his report, says it was fifteen minutes, and that it seemed an age. My notes of the case, written a few hours afterwards, make it twenty minutes. Be this as it may, the time was so long that I thought it useless to make any further efforts, and I said, "Gentlemen, she is certainly dead, and you might as well let her alone." But the great and good Nélaton never lost hope, and by his quiet, cool brave manner, he seemed to infuse his spirit into his aids. At last there was a feeble inspiration, and after a long time another, and by and bye another; and then the breathing became pretty regular, and Dr. Campbell said, "The pulse returns, thank God; she will soon be all right again." Dr. Beylard, who always sees the cheerful side of every thing in life, was disposed to laugh at the fear I manifested for the safety of our patient. I must confess that never before or since have I felt such a grave responsibility. When the pulse and respiration were well re-established, M. Nélaton ordered the patient to be laid on the table. This was done