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A CASE OF TRANSFUSION.

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J. S., æt. 30, Co. D, 12th U. S. Infantry, stationed in Petersburg, Va., had served through the war in the Confederate Army; was by profession a circus rider. This man was remarkably athletic, and excelled his comrades in every manly exercise. November 5th, three weeks after enlistment, was engaged in turning somersaults over a bar. Shortly afterwards was attempting to hurl a heavy weight over his head backwards, when he felt "something give way," and immediately vomited a quantity of blood. He was supported to the hospital, a distance of three hundred yards, the blood flowing from his mouth as he went. I saw him half an hour afterwards, and found him anxious and gasping for breath, making labored efforts to free his throat of the bloody sputa which seemed to threaten asphyxia. The pulse was rapid and feeble. The ordinary styp-tics were administered, with stimulants. He seemed easier for an hour, when a violent fit of coughing ensued, followed by a copious hæmorrhage from the mouth accompanied by the contents of the stomach. The patient began to grow very feeble; pulse hardly perceptible. Elixir vitriol gtt. x. in aquæ q. s., p. r. n. As stimulants seemed to increase the difficulty, they were discontinued *per orem*. Laudanum, with brandy and water, was injected into the rectum. This not being sufficient to control the coughing, the breast was scarified and dry morphine rubbed in. Relief was, however, only temporary. Renewed hæmatemesis continued until 4, P.M., when the patient was deemed moribund, and a clergyman, sent for at his request, administered the last offices.

I was surprised to find him living, the following morning. The treatment *per anum* had been actively persevered in through the night. The nurse informed me that he had emptied a common water bucket of blood and fluid, which included that vomited the day previous. An officer asked if nothing more could be done. I mentioned *transfusion*, but frankly told him that there was no chance of

VOL. LXXVII.—No. 26

saving a man who had lost so much of the vital fluid. He insisted upon my performing the operation, and offered a man for my service. A cup was placed in a basin of warm water. After bandaging the arms, I dissected out the median basilic vein in the one, and tapped it in the other, and, with a small penis syringe, I injected nearly $f\frac{3}{4}$ ijss. of blood, the assistant firmly compressing the vein after each injection. On account of the fluid clotting, I was obliged to desist, and secured a compress over the wounded vein. An enema of brandy, quinine and laudanum followed, and I was at once surprised and delighted to observe a remarkable change in my patient for the better. The pulse began to be faintly perceptible, the countenance flushed, and animal heat returned slowly to the extremities. With fear and trembling I watched the result. Any tendency to cough was at once checked by opiates, which I now ventured occasionally to give through the mouth. The scarification, with application of morphine, was renewed, and nourishment administered as before stated. To make a long story short, on the fourth day my patient was pronounced out of danger. In one week from the time he entered the hospital, he was able to sleep in a bed-chair. He continued to improve until he was discharged, three weeks afterwards, by order of the Medical Director.

The diagnosis made in this case was *aneurism of the thoracic aorta*. At the time of his discharge, he was unable to sleep otherwise than in a sitting posture. Cough was persistent and annoying. Constant "gnawing" pain was experienced in the region of the sternum. A distinct fluctuating tumor was observed near the juncture of the third right rib with the sternum, while the *fremissement catuïre* was plainly perceptible. The patient was said to have taken up his residence in Philadelphia. I have not heard from him since.

The exact amount of blood lost from first to last could not be easily measured. It seemed as if there was little more to lose. For the first three days I administered no less than 72 grains of opium daily in equivalent, through the mouth and rectum, besides that absorbed by the skin in scarification. The results of its use were satisfactory, but of slight duration. The amount of blood transfused was comparatively small, but sufficed to turn the scale in our favor.

Such cases as the above afford an instructive lesson, which we should all do well to remember.

EFFECT OF ERGOT OF RYE ON THE PREGNANT FEMALE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The remarks of Dr. Charles H. Jones and Prof. Huston, which you published in the last No. of your JOURNAL (Jan. 16th), I think should be noticed by some one, as they are calculated to lessen the confidence of the profession in the value of ergot of rye in obstetrical practice.