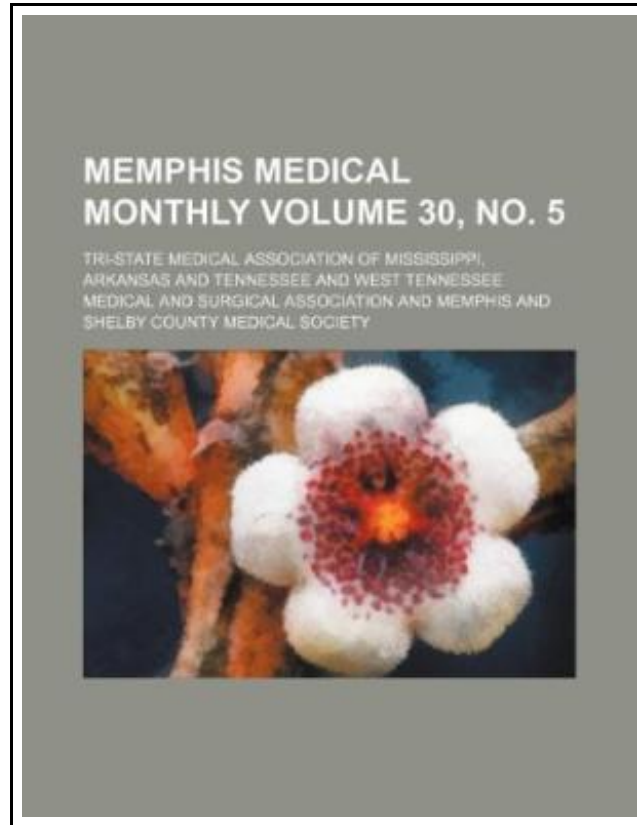


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Rarebooksclub.com, United States, 2012. Paperback. Book Condition: New. 246 x 189 mm. Language: English . Brand New Book ***** Print on Demand *****.This historic book may have numerous typos and missing text. Purchasers can download a free scanned copy of the original book (without typos) from the publisher. Not indexed. Not illustrated. 1910 Excerpt: .the next eighteen hours further attacks of dyspnea occurred, and after one the respiration stopped. Tracheotomy was performed and a catheter was passed down into the hronchus without effect. The necropsy showed miliary tubercles in the spleen and liver, and a few tuberculous ulcers in the small bowel. The trachea was flattened and pushed forward by a large mediastinal abscess. The second, third and fourth dorsal vertebrae were carious. The Treatment of Acute Pulmonary Edema. Miller and Mathews (Arch. Int. Med., 1909, Vol. IV. 356) base their article upon an experimental research on acute pulmonary edema. They state that a knowledge of the causes producing an edema is essential to its treatment. Pulmonary edema is usually a manifestation of some circulatory disturbance. This circulatory disturbance may be due to high blood pressure. In such a case drugs that increase arterial tension are harmful, and are so contraindicated. The blood pressure should be reduced by bleeding, counter-irritation to the surface of the body, or by drugs that lower the blood pressure. On the other hand, the type of edema associated with low blood pressure should be treated by drugs which raise the blood pressure. They advise against the use of atropine in pulmonary edema associated with high arterial tension. Atropine is frequently recommended in pulmonary edema based on its power to lessen secretions. However, the edema is not due to an increase of secretion, but to a transudation. They believe that adrenalin is probably never useful and...



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