ALCOHOLIC ANAESTHESIA.

BY

LEWIS D. MASON, M.D.,

VISITING SURGEON TO THE L. I. COLLEGE HOSPITAL, CONSULTING PHYSICIAN TO THE INEBRIATE'S HOME, FORT HAMILTON, L. I.

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AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES,

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We recognise two forms of Alcoholic Anaesthesia:—

First. A condition of anaesthesia following the administration of a certain quantity of alcohol. The state of the person borders upon and may lapse finally into alcoholic coma, although it is not necessary that the patient should be profoundly under alcoholic influence to manifest an anaesthetic condition. This form of anaesthesia is general in character, and seems to affect not only the integumentary but the deeper tissues of the bodies as well. It is transitory in its effects and passes off as the alcohol is eliminated from the system, the patient recovering his normal sensory condition when this occurs.

Second. A condition of anaesthesia due to the long continued action of alcohol on the nervous centers. This form is partial in character affecting a limited space; it is, however, of comparatively long duration, lasting some weeks or months, the patient slowly recovering his normal sensibility after a period of abstinence and the use of proper therapeutic measures. A relapse is apt to occur should alcohol again be resumed. This latter, or pathological condition, was recently exemplified in a case which occurred at the Inebriates' Home, Fort Hamilton. The main features of this case were as follows:—

L. aet 46, very obese and large, weighing 380 pounds, entered the institution after a debauch. Although somewhat apathetic he was apprehensive about the condition of his legs, he walked with difficulty from the bed to the lounge, although when sitting or lying he had good command of his limbs as to motion. His inability to walk seemed to be mainly due to his great weight and general debility. His pulse was fee-

ble, his circulation sluggish, notably capillary circulation of extremities and face, the latter being somewhat dusky. He complained chiefly of a numbness of both legs at and below the knee, extending up the inner side of thighs ; the most marked places of anaesthesia being patches on the right and left legs over the internal subcutaneous surface of the upper third of the tibia, between crest and mesial line of calf of legs. The anaesthetic condition was bi-lateral and localized to a distinct space, being patchy in character and not following any special linear course. Dr. Seguin, of New York, saw the case in consultation with the resident medical staff of the institution and myself, and recommended in addition to the withdrawal of alcohol, as soon as the patient's strength would allow it, the use of oxide of zinc in free doses, and locally, the electric brush twice daily. The patient, after a few weeks of treatment, recovered the use of the parts affected, so that at the last examination the slightest touch of the finger at the formerly anaesthetic parts, was readily noticed by him.

Dr. Seguin related a case of alcoholic anaesthesia where the forearms of the patient were anaesthetic to a marked degree, needles being passed into the tissues a considerable distance without being felt by the patient. In the case under consideration the patient was insensible to the prick of an ordinary needle although blood was drawn at the seat of puncture. The sensory nerves responded however to a needle through which a powerful current of electricity was passed. I am inclined to believe that though this is regarded as a somewhat rare neurotic condition, we would find it more frequently if we searched for it among our asylum cases, as it is a condition that, in its slightest forms, might readily be overlooked.

But it is to the temporary form of alcoholic anaesthesia that I wish particularly to call your attention, especially the use of alcohol as a substitute for the usual anaesthetics in painful and prolonged operations, where, for some reason, these would be contra-indicated.

Dr. Stephen Smith of New York, in an article published in the N. Y. Med. Record some time since, advises the use of alcohol in some form to precede that of the usual anaesthetics, especially when the operation is to be a prolonged one, and when the patient is feeble and in more than ordinary dread of the operation. His method is, I believe, to begin

the use of alcohol an hour or two or longer before the operation, and by gradually repeating the dose at proper intervals bring the patient up to a comfortable state of stimulation, but so as to neither over-stimulate or produce alcoholic coma. When this state of a sense of well-being and a lack of dread of the operation is arrived at etherization may be commenced and the operation eventually begun. Dr. Smith finds that the patient requires less ether and its prolonged use is better borne. That there is much less surgical shock, if any, and that the patient rallies better after the operation. Dr. Smith, then, uses alcohol not as a substitute for, but as an adjunct to the usual anaesthetics.

To illustrate the anaesthetic value of alcohol we have only to go back to the old days of surgery when ether and chloroform were unknown, when the usual custom was to prepare the patient for a painful and protracted operation by partially intoxicating him with alcohol, in order to reduce the amount of physical suffering to a minimum.

In certain forms of neuralgia the value of a few glasses of wine or a tumbler of brandy and water has been recognized by the medical authorities. In the case of invalids, when the extraction of teeth was necessary, and when, for good reasons, the usual anaesthetics were not regarded as safe, it has been my custom to advise the use of alcohol as a substitute with the desired effect.

An experience as hospital surgeon, extending over a number of years, has directed my attention to the fact that patients, when brought to the hospital under the influence of alcohol, could be operated upon, especially if the case was one of minor surgery, with little if any suffering.

I have not been able to note the effect of alcohol as an anaesthetic in cases where the operation was somewhat protracted, as well as more than ordinarily painful, until recently, such a case has been placed at my disposal by Dr. W. H. Bates of Brooklyn.

The case was one of a lady suffering from a recurrent carcinoma of left mamma in the ulceration stage.

The patient having suffered from a previous etherization was unwilling to undergo the experience again and it was decided to try the anaesthetic effect of alcohol. The administration was begun about two hours previous to the operation. The quantity used was six ounces of old brandy properly diluted given about every twenty minutes in divided doses. When placed on the operating table she was fully conscious of all that transpired. The superficial portions of the breast being removed by scissors, and the deeper portions by means of the electro cautery knife, the deeper and surrounding tissues being deeply cauterized, the patient was wholly unconscious of pain during the operation and under perfect control and self-possessed, answering questions that were asked her. The operation lasted about one hour and a half. Towards the latter part of the operation the effects of the alcohol became more manifest and she passed into a sleep which lasted some 4 or 5 hours, and awoke feeling refreshed and stronger than for some days previous. Her pulse was good during the entire operation, and neither during nor following it did she have any unpleasant symptoms. The following case occurred in the doctor's experience and bears directly on the point under consideration. An intoxicated passenger, while endeavoring to pass from one car to another while the train was in motion, fell from the platform to the track, the cars passing directly over both legs. He was taken to the next station, and while in a condition of alcoholic stupor both legs were amputated, without the administration of ether. When he recovered his sobriety he had no knowledge of the accident, nor of the operation, and was surprised to find his limbs amputated. He recovered from his double amputation.

Dr. Blanchard, Medical Superintendent of the Inebriates' Home, Fort Hamilton, reports the following case:--A healthy, robust man fell, while intoxicated, under passing train, the wheels going over his arm. He was conveyed to a house near by, and shortly after, amputation at the shoulder joint was performed, while he was still under the influence of alcohol; when he recovered his sobriety he was not aware

that his arm had been amputated, nor did he during the operation manifest any marked degree of sensibility. He recovered rapidly. There was union by first intention. There was not any shock during nor following the operation. The amputation was on Thursday; on Monday he walked to the station and took the cars for New York. I need hardly add that certain precautions are necessary should we decide to use alcohol. We should avoid an overdose as dangerous toxic symptoms may supervene, especially in young persons who are extremely susceptible, if temperate, to its lethal effects. In females also, from a moral point of view, we should, if decided to use it, protect ourselves with proper witnesses. Nor should we give it, for obvious reasons, to persons who have been addicted to its use.

While then alcohol has undoubtedly the property of producing general anaesthesia, a temporary condition, or partial anaesthesia, a pathological and somewhat protracted condition is of interest to us as general practitioners. But as specialists this fact becomes to us doubly significant, as it enables us to determine the exciting cause of inebriety in a certain class of cases. A case entered the Fort Hamilton Institution some years since, which, at the time, impressed me very much. The patient was a young man affected with tertiary syphilis, manifesting itself in a severe form of neuralgia of the face and neck. This had yielded partially to the usual treatment, but not so as to give the patient any permanent or satisfactory relief; he assured me he drank for the relief it gave him, and he was only free from pain when he was "comfortably full," to use his expression, and that his pain made him drink. He further stated that he had tried opium and that he did not like its effects.

Now this is the condition of many inebriates; they have some painful disorder which they find is relieved by alcohol. Dysmenorrhoea is a familiar form of a diseased condition relieved by alcohol, and many women become inebriates from this cause. "A common domestic remedy," writes Grailley Hewitt, the English gynecologist, "one the frequent use of

which it is not however for obvious reasons desirable to encourage—is gin and water." It is our duty then, when patients apply to us or are sent to our asylums, to investigate the exciting cause of their inebriety. If it is some painful disorder and the patient tells us that he uses alcohol to relieve his pain, our course is at once apparent, to cure his disease or find some substitute for the alcohol. If we cannot remove the cause or find some efficient substitute for the alcohol, the patient passes to the incurable class of inebriates, a class that needs medical care as much as the incurable insane, requiring the treatment and restraint which only an asylum can give, for their constant or irregular resort to stimulants places them among the irresponsible classes of society. So whether curable or incurable, these persons who demand our heartiest sympathy will certainly present themselves. How we shall be enabled to recognize the possible exciting cause of their inebriety and perhaps forecast their future, is the object of this paper to point out.