The patient died exhausted on the morning of the 9th."

Among the *post mortem* appearances, it is noted that "the abdominal cavity contained a large quantity of a thick yellow fluid, on the surface of which was a fatty looking matter. The visceral layer of the peritoneum was everywhere vascular and opaque—the parietal layer being coated with soft yellow lymph. In the duodenum, about three lines from the pylorus, was an opening of about the size of a four-penny-piece, having a thin well-defined margin, and surrounded by a circle of thickened tissue. The gastro-intestinal mucous membrane was otherwise healthy. Extensive granular degeneration of both kidneys was present.

"The patient's wife was certain that, up to the time of seizure, he had not made any complaint excepting that for a few weeks he had had a sense of weight after taking food." (*Lancet*, November 24th, 1866, page 577.)

[To be continued.]

ON

ALCOHOLIC NARCOTISM.

By W. F. WADE, B.A., M.B.,

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THE narcotic effects of alcohol, though less met with than the stimulant ones, are yet well known. An admixture of the two classes of effects is very common. Even with a history of drinking, and evidence of probable intoxication, it becomes often a matter of difficulty to determine in a given case whether a patient is suffering from alcoholic or other poisoning, or from some disease of the brain, or injury to the head. And cases of the latter class are, conversely, mistaken for intoxication. In the reports of police courts and coroners' inquests, we often read that a medical man has got discredit and sometimes censure for a mistake, which probably under the circumstances was quite excusable, if not unavoidable, but which, it must be admitted, has sometimes been due to haste, inattention, or ignorance.

But when we see a case without history, when we have no reason to suppose that a person has been drinking, and most especially when we have no evidence of any previous stage of excitement, and when there is no smell of alcohol escaping either from the skin or lungs, then I think we may very probably fail to understand the nature of the case.

At all events, I have to admit that certain cases were quite familiar to me clinically, which to my mind, as at present informed, were cases of alcoholic narcotism, but which were quite unrecognised by me as such, till accident furnished the key to them. Whilst living at the General Hospital as House-Physician, I became familiar with a class of cases of which both the history and the phenomena presented a most singular uniformity.

A young girl, between 15 and 20, would be brought into the hospital in a state of insensibility, the surface of the trunk, and of the extremities, of normal temperature, as tested manually, expression of the countenance perfectly placid and natural, no lividity, no frowning, no twitching of the eyelids, no contraction of the mouth, nor any trace of convulsion. The respiration quite tranquil, entire absence of stertor, no peculiarity about the pulse or breath-rate. The pupils in one sense natural, in another not quite so:

that is the pupils larger than they would have been in ordinary sleep, but not more dilated than they would have been had the patient been awake. This is an important point, because poisonous doses of alcohol produce dilatation of the pupils, and this want of correspondence between the size of the pupil, and the apparent naturalness of the sleep, is no doubt owing to slight alcoholic dilatation. The only other peculiarity about the girl would be her complete insensibility; no amount of shaking, shouting, or pinching would in the slightest degree seem to arouse her; possibly, during the shaking, a slight smile would play about the mouth for a moment, caused, I presume, by a dream, but which, on one or two occasions, raised for the moment a suspicion in my mind that she was shamming. There has been as much uniformity in the history given by the friends of such patients, as there has been in the symptoms presented by the patients themselves.

The girl has been either actually a domestic servant, or has been, if living at her own home, acting as a domestic. The statement has always been that on the previous evening (for the admission into hospital has almost always been before mid-day) there had been a great quarrel, sometimes amounting to, or terminating in, a fight between some of the other inmates of the house, the father and mother, master or mistress, or between one of these and a lodger, but that the patient herself had taken no active part in this, and had not received any blow, fall, or injury; that, either late at night, when the disturbance had ceased, or else the next morning, she had been found insensible, generally not undressed, just in the condition in which she had been brought to the hospital, and which I have already described.

I was in the habit of calling this coma a form of hysteria, for want of a better name, and concluded that the agitation or fright, caused by witnessing the fray, had been the determining cause of this presumed hysterical attack.

In one case I remember the coma lasted for nearly, if not quite, twenty-four hours after admission, that is to say, in all for about thirty-six hours; but, generally speaking, I found that the administration of a foetid enema, with some castor-oil, emptied the lower bowel, and that soon afterwards the patient awoke.

I never observed any hysterical symptom of any kind whatsoever, nor anything else of an unnatural character, after the patient had once been thoroughly awakened. The awakening was most commonly abrupt, not gradual.

I had no suspicion whatever that the symptoms in question had any connexion with alcohol, till a case occurred in my own house in a young servant girl, who had not previously manifested any hysterical symptoms. There had been no disturbance or quarrel to overthrow her mental or moral equilibrium; nothing had been noticed strange about her before she went to bed, but, instead of falling quietly asleep as usual, she began shortly after getting into bed to toss about, and to talk in a rather wild manner like a person talking in a delirious sleep. After some time she became quiet, and in the morning, when a fellow-servant, sleeping in the same room, tried to rouse her, she found it impossible to do so. I saw her soon afterwards. I was familiar enough with the condition in which she was, but certainly more puzzled than ever to explain it, because there was an entire absence of the slender elements upon which I had based my previous theory. However, I afterwards discovered that shortly before going to bed she had drunk off about six to eight ounces of port wine, and then I formed the opinion that it was an instance of alcoholic coma.

That the other cases had been of a similar character seemed to me almost certain, from the perfect similarity of the symptoms they had presented. The invariable quarrel which had preceded them favours this view, such occurrences being common attendants on and consequences of a drinking bout amongst low persons. The peculiarity of the phenomena is probably to be explained by the age of the patients and their social relations.

It is not probable that they would be allowed to sit and drink with their seniors or masters, and their potations would probably be stealthy, and a consequence of the stealthiness would be that whatever liquor they took would be swallowed hastily, as it were *en masse*, not sipped. There can be no doubt that this makes a great difference in the effect of intoxicating liquors. The cases that we see reported of fatal alcoholic poisoning are almost invariably those of persons who for some foolish freak, wager, or bravado, have drunk off at once large doses of spirits, quantities which probably would have been comparatively harmless, at least not fatal, had they been taken in a less brutish and irrational manner; the symptoms of such cases differ from those I have described rather in degree than in kind.

It is also possible that the mere age of the patient may have something to do with the peculiar phenomena. I have certainly noticed that the narcotic effects of alcohol are more readily, or at all events more frequently, developed in young persons than in their elders. The explanation of this fact, if it be a fact, is not very patent. Whether it depends upon the greater rapidity of ingestion, or on the local action upon the stomach and its nerves being greater, or upon a more facile absorption, I cannot tell.* So much for these cases themselves. If it be true that they are intrinsically of but limited interest, still they suggest, not very directly perhaps, other considerations of the highest and most practical importance.

We all know that of late years the practice of administering large doses of alcohol in acute disease has been revived. The beneficial effects which sometimes attend this practice are explained by some upon the supposition that alcohol supplies the place of food, by others on the theory that it stimulates the nervous system. Each class rely much upon the absence of alcoholic odour in the breath, or perspiration, as showing that the alcohol is all consumed in the system, and can exercise no pernicious influences.

And yet it is to be observed that there was no alcoholic odour in the breath, or perspiration, of these patients, who were as it seems to me suffering from distinct, though not severe, alcoholic poisoning. The further remarks that I have to offer are intended for the consideration of those who base their therapeutical use of alcohol upon the stimulant theory.

Supposing as I do that our conception of the idea of a stimulant is mainly derived from observation of the effects of certain doses of alcohol upon certain persons, I am not about to deny that these effects may be producible in disease; nor am I at all prepared to dispute that these stimulant effects are, or may be to some extent beneficial; but on the other hand, I venture to suggest that when we prescribe alcohol we should not, as has hitherto been done, absolutely ignore the unquestioned and unquestionable fact that it does possess narcotic powers.

[To be continued.]

* The theory and practice of "night-caps" seems to show that alcoholic narcotism is best secured by speedy ingestion.

Reports

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BRIDGWATER INFIRMARY.

TETANUS FOLLOWING OPERATION FOR FEMORAL
HERNIA.

(Under the care of W. L. WINTERBOTHAM, M.B.)

JOHN ANDREWS, farm-labourer, a quiet, unexcitable, and remarkably contented old man of 65, was admitted in the Bridgwater Infirmary on December 31st, suffering from femoral rupture on the left side.

History. The rupture was of old standing, and had been down often, but easily returned, as a rule. On December 28th, while he was throwing dung over the fields, it came down with force, and could not be returned, either by himself, or by a surgeon who saw him shortly afterwards. The following evening, vomiting came on, and continued until he was admitted on the 31st.

Condition on Admission. He was a healthy-looking old man, with a loose flabby tumour, ill-defined, in the left groin, below Poupart's ligament. There was no tension, no impulse on coughing. The bowels had not been moved since the rupture. He was reported to be continually vomiting a thinnish green fluid, of bad, but not stercoraceous smell. He was immediately put into a hot bath, and chloroform administered for three-quarters of an hour; but all efforts to return the rupture were unavailing. He was ordered to have ice applied to the tumour, and to have a warm water enema.

Jan. 1st, 1867. He had passed a comfortable night; no sickness, no pain. The tumour was as before. The ice was continued.

Jan. 2nd. Sickness returned during the night; and the tumour increased slightly in size. An operation was consequently determined on.

2 P.M. Under chloroform, the sac was opened, and the stricture at the neck of the sac divided. The gut and a small portion of omentum were easily returned.

Jan. 4th. He had an aperient draught, which relieved his bowels. From this date he continued improving, the wound healing well, and nourishment being taken plentifully, until the morning of the 9th, when he complained of slight stiffness about the jaws; no pain or discomfort elsewhere. The wound was discharging a small amount of thick, creamy, healthy-looking pus. It was ordered to be dressed with bread-poultice; and, as the pulse was rather feeble, brandy and egg mixture was added to his diet.

In the evening, the symptoms of trismus increased, and those of general tetanus came on. He was ordered 3ss doses each of henbane and Indian hemp, with a third of a grain of extract of belladonna, every three hours.

Jan. 10th. He was about the same. He had been rather quieter through the night. The neck was more decidedly arched this morning. The wound, which had nearly healed, was laid open, and found perfectly healthy. Tetanic spasms, principally of the lower limbs, occurred about eight times during the day. Chloroform was given on each occasion, but with little effect. Ice was applied to the spine; and port wine and beef-tea, a tablespoonful of each, were given every hour.