

PROTESTS AGAINST NORMAL WAY OF GIVING ANESTHETICS

Letter to the Editor

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Editor Post: I should with greater propriety address this epistle to the Journal of Anesthetics, if there be one, but the gnawing doubt upon this point, coupled with the belief that even if there be, your circulation is the larger, impels me to communicate with you.

I write in the interests of humanity. Why else write at all? I wish to suggest a method of saving human lives and mitigating human misery. I protest against the normal methods of administering anesthetics, particularly ether.

The patient is as a rule the prey of the most cruel apprehensions. A mask is thrust brutally over his face: he coughs: he chokes: in a few seconds he suffers an eternity of hell. This, and not the "shock to the system," is the cause of most deaths under anesthetics. The shock is mental, not physical, in nine cases out of ten. It is the fighting against the drug, and the defeat, that strains the silver cord. It is unnecessary. The time of the anesthetist is valuable, but the nurse we have always with us. Let therefore the drug be administered to the patient little by little: he himself is the best judge of what is good for him. Let him slowly and delightfully inhale the fumes of the ether, working himself into a gentle state of intoxication—one of the most exquisite sensations on earth, ether drunkenness; while deprive the poor devil of it, when very likely he will die under the knife?—until he forgets his malady, and the imminence of the operation, and doesn't care if he does die, any-

how! It is quite easy to arrange this; as long as some air is mixed with the ether complete anesthesia will not supervene. Keep the patient gloriously drunk, to put it badly, until the arrival of the surgeon. In that state he will lose the loathing for the drug: he will clasp greedily to the can, and ask for more; when the anesthetist arrives he need only comply with the desires of the patient, deepening swiftly the intoxication to the desired point.

There will be no struggle for breath, no anxiety, no fear of death, no shock, and in most cases no sickness on awakening. By a simple flattening of the curve of intoxication every untoward influence is eliminated. The nurse should be instructed to lead the thoughts of the patient into pleasant channels; she should describe as vividly as she can the glories and joys of ether, and the patient should be allowed practically to have his own way in the matter of how fast he goes. It is easy to push him on or hold him back without his noticing. The surgeon should arrive at from 2 to 3 hours after the beginning. If things have been done properly, the patient should feel just as much interest in his arrival as the theatergoer does when the curtain rises.

Now, sir, I have discharged yet one more duty to humanity, and have earned my sleep. Good-night.

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