

Miller (John S.)

ETHERIZATION BY THE RECTUM:

REPORT OF FOUR CASES BY YVERSEN'S METHOD.

Read before the Philadelphia County Medical Society, June 18, 1884.

BY JOHN S. MILLER, M. D.

—[Reprinted from the Proceedings of the Society]—





ETHERIZATION BY THE RECTUM; REPORT OF FOUR
CASES BY YVERSEN'S METHOD.

Read June 18, 1884.

BY JOHN S. MILLER, M. D.

I DESIRE to report four cases of etherization by the rectum, a method of producing anæsthesia first suggested by Dr. Axel Yversen of Copenhagen.

These cases were in my recent practice; and to Drs. Louis Jurist and A. B. Hirsh, I am indebted for assistance rendered, and for many of the observations made. In two of these cases the mucous membrane of the bowel was prepared for its respiratory function, as it ought to have been in all, by a restriction of diet and the use of purgatives. No preliminary hypodermics were used. The method of administering the ether was simple. A definite quantity was placed in a bottle (only partially filling it), was vaporized by a water-bath at 120° , and the vapor conducted to the rectum by a rubber tube, terminating in a recurrent catheter, the free or recurrent end being closed by pressure of the thumb during the inflation of the bowel; the expiratory act was performed by removing this pressure, and removing the water-bath.

The first case was one for minor operation, demanding only primary anæsthesia. This patient had not been prepared, and sufficient precaution was not taken against the introduction of ether vapor in too great a quantity, and of liquid ether, by an overboiling in the apparatus. Almost immediately he complained of burning and tenesmus, the abdomen became promptly and greatly distended, and there were colicky pains. In about one minute he noted the taste of ether. A portion of the vapor was allowed to escape, and no more was given. The pain ceased, intoxication soon began, and in six minutes he was sufficiently anæsthetized for operation. The pulse was full, and respiration was easy. Two minutes later he returned to consciousness, but

seemed dazed. The struggling had been trifling. There was no vomiting, and no diarrhœa followed. One ounce of ether was used.

The second patient was an adult male, from whom I removed an exostosis of the vomer—an operation requiring full anæsthesia. In this case a sufficient laxative had been given the previous night. Two hours before the operation he had been allowed an ordinary breakfast. This patient, too, experienced a prompt burning and discomfort in the rectum, but at no time great, and soon ceasing. Ether was tasted in about two minutes, and noted on the breath. The abdomen seemed distended and some cramp-like pains were experienced. A considerable amount of vapor was then allowed to escape—with instant relief. After waiting two minutes without the development of further phenomena, a somewhat less amount of vapor was introduced, and (the catheter being withdrawn) was left for gradual absorption. The stage of excitement was short, marked by a pleasant delirium, and without motor activity. Full anæsthesia was obtained in eleven minutes from the first introduction of the ether vapor, and was perfectly maintained during the eight minutes of operation. Escape of the residual vapor was secured by a gentle kneading of the abdomen, and separation of the nates. The posterior nares not having been plugged, considerable blood regurgitated from the stomach after operation. This vomiting cannot, with any certainty, be attributed to the ether. No diarrhœa followed. An ounce and a half of the anæsthetic was used.

The third patient, also an adult, robust male, was subjected to acupressure of the internal saphenous vein, with destruction, by means of Vienna paste of several neighboring vessels—an operation also requiring full anæsthesia. He had received a laxative the day before, and an enema on the morning of operation, and had taken a moderate breakfast. The sensation of warmth and tenesmus was immediate, but soon ceased. The abdomen became distended, and he complained of epigastric pain. A partial escape of vapor was permitted, and he had instant relief. A few minutes later the bowel was again inflated, and the tube withdrawn. Enough vapor remained after withdrawing the tube, to produce complete anæsthesia in a total of fifteen minutes; and no further introduction was required to maintain it. There had been almost no stage of excitation, and that with no other phenomena than an

immoderate laughing. He recovered promptly. No vomiting, or diarrhoea, followed. A little less than two ounces of ether were used.

The fourth case was that of a medical gentleman in good health, whose love of science led him to volunteer a passive part in these experiments. This time the bowel had not been prepared, although an ordinary movement had taken place five hours previous. On introducing the vapor, there was slight burning and tenesmus, but no cramps. Intoxication was soon induced, and the doctor seemed most of all to enjoy the proceedings. Pulse and respiration were normal. A lively peristalsis now put an end to this mode of administration, and terminated the experiment.

The only reason for quoting this case, is the evidence it furnishes for the necessity of preparing the bowel—a necessity which excludes this method of etherization from our resources in accident and emergency cases.

This case completes the four, and I have had no other opportunities for observation.

Some question having arisen, as to whether the vapor really does pass the ileo-cæcal valve, I deemed this a subject for legitimate vivisection; and etherizing a cat per rectum, opened the abdominal cavity, and noted that the small intestine was as greatly distended as the large.

In this method of etherization the most obvious advantages are as follows:—

1. Dyspnœa is avoided, and the patient is saved from the anxiety due to a sense of impending suffocation.
2. There is avoided the danger of simultaneous irritation of the superior laryngeal and pneumogastric nerves at the periphery—these irritations neutralizing each other in the respiratory centre, and suspending respiration entirely.
3. The danger of asphyxia is lessened—the patient not being drowned in his own mucus, and the integrity of the pulmonary mucous membrane as an organ of gas exchange, is preserved. Of course some vapor finds itself in the lungs, and acts there as a local irritant—elimination being by that channel. But the quantity is not great, and does not constitute a source of danger. In the cases reported, the increase in secretion was too trifling for discovery.

4. The stage of excitation is therefore not prolonged by the struggles for breath. In general it may be said that the delirium of any alcoholic intoxication is a pleasant and good-natured one, unless the patient is crossed—as he certainly feels himself to be when a wet towel is pressed over his face.

5. Nourishment may be taken before operation to sustain the powers of life, and lessen the dangers from shock.

6. Return to consciousness is prompt—this stage not being prolonged by carbonic-acid poisoning.

7. The anæsthetic seems as readily suspended as by the ordinary method—the bowel being promptly emptied by gentle massage.

8. Economy in ether is an advantage hardly to be mentioned with more important considerations.

The more obvious disadvantages are:—

1. The exposure of person required—the abdomen being necessarily under observation, even if the catheter be inserted under cover.

2. More judgment and experience is required in the administration, than by the ordinary method—over-boiling in the apparatus, and too much distension, being both painful and highly dangerous. The warning to cease is sudden, and must be immediately obeyed.

3. Just as the other mode is inconvenient in oral surgery, so in perineal operations is the apparatus needed for this method, in the way.

4. In abdominal surgery, or if there be marked intestinal lesion, this mode is contra-indicated.

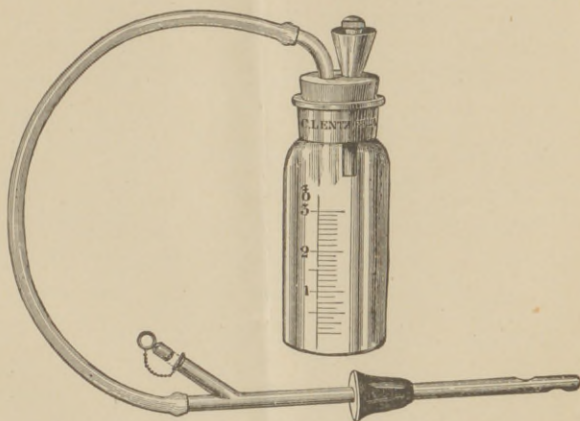
5. The inapplicability in cases of accident and emergency, when time cannot be allowed to prepare the bowel, has already been mentioned.

6. Diarrhœa has been noted in seven out of the thirty-seven cases on record, though in none of mine.

I believe this sequel is due to pre-existing intestinal lesion, to the lack of preparation, to a too great distension of the bowel, or to the accidental introduction of ether in liquid form. Furthermore, my method has differed from that of other experimenters in this respect, that instead of allowing the vapor to remain indefinitely, I secured a constant change by using a recurrent

catheter, and introducing a certain quantity, or permitting it to escape, as indicated.

Other points of advantage and disadvantage may occur in later experience, and to other observers, and new dangers may be discovered. But I am convinced that this method is worthy of further trial, and will find its place in surgery, fulfilling its own, though not *all*, indications. Like all else in therapeutics it must pass through the stages of bungling use, condemnation, and revival.



C. LENTZ, Phila.

Dr. Miller then exhibited a form of apparatus which he had had made by Chas. Lentz & Sons, No. 27 South Tenth Street, for this purpose. It consists simply of a water-bath, a graduated bottle provided with a funnel and valve for pouring in the ether, and a supply-pipe for conducting the vapor to the rectum. This tube terminated in a straight recurrent catheter, the exhaust channel of which is controlled by a valve. The catheter is furthermore provided with a movable collar for pressure against the anus—it having been found that the vapor tends to escape by the side of the tube.

834 NORTH NINETEENTH ST., PHILADELPHIA.

