

## CORRESPONDENCE

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(Accepted for publication August 31, 1994.)

Anesthesiology  
 83:1372, 1995  
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 Lippincott-Raven Publishers

## Intravenous Alcohol In 1945 and Beyond

*To the Editor:*—I reflected on the correspondence from Bergman,<sup>1</sup> "Intravenous Alcohol in 1831," particularly the statement, "One can speculate that, if Dupuy had used a larger dose of alcohol and achieved unconsciousness in his horses, some perceptive reader of the report might have attempted to mitigate surgical pain with this technique."

Although I was not aware of Dupuy's investigation in horses,<sup>2</sup> surgical pain in humans has been "mitigated" with alcohol.<sup>3</sup> The summary of this article<sup>3</sup> states, "1. Five per cent and 10 per cent alcohol intravenously increases the caloric intake and has special value in those cases with inanition. 2. It is a potent sedative and analgesic, and can be substituted for the opiates and other forms of sedation. 3. Sedation is not attended with depressed respiration. 4. It may be used in cardiac patients with relative safety because of its vasodilatory effect and minimal effect on the blood pressure. 5. It has a definite place in regional anesthesia as a supplement during the operative procedure. 6. It has proved its value in alcoholic patients who cannot be controlled with the usual doses of narcotics."

Using a metered infusion device to avoid "overshoot" and inebriation, acute and chronic pain services might find intravenous alcohol

a replacement for patient-controlled analgesia or even continuous epidural block using opioids and/or local anesthetics.

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(Accepted for publication September 5, 1995.)