

This has long been noted, although every one knows that confirmed drinkers are bad subjects for surgical operations, as shock, collapse or delirium follows with them in a far greater ratio than in the temperate or total abstainer.

In forensic medicine the influence of alcoholic excesses is given extensive study. That phase of it which deals with traumatism or injuries is of special concern to the surgeon or practitioner, because in so many instances his testimony is often mainly depended on, when the question of responsibility or irresponsibility is raised. A man is found on the sidewalk or roadside with a fractured skull in an unconscious state; one has sustained a fatal stab wound, has been crushed by the street cars or has committed a homicide or attempted suicide. In these and many other similar cases the proof of the presence or absence of alcoholism is often of the greatest importance. Especially is this so, since the confirmed alcoholic habit has come to be regarded by many of our most eminent alienists as a disease which renders the afflicted as irresponsible agents. This view of late years is coming to be recognized and shared by the Courts, who regard a homicide acting under alcoholic influence as temporarily *non compos mentis*.

#### THE APPLICATION OF TREATMENT IN THE INEBRIATE STATE.

The question arises, should we ever, while one is grossly intoxicated, take advantage of the anesthetic state to manipulate parts carefully with a view of clarifying diagnosis, or even perform a surgical operation?

For the former, certainly, but the latter in some instances is doubtful.

While one is intoxicated dislocations may be reduced or fractured bones set, but if a limb is so mangled that the question of amputation is raised we have no right to proceed and sever the limb until reason is restored and consent is given.

#### THE RECOGNITION OF THE INEBRIATE STATE IN THE INJURED.

The above aspect of the alcoholic question is one of important consideration in many medico-legal cases. Our