

DRUNKENNESS

Deaths of seamen are recorded every year either as a direct result of the excessive drinking of liquor, or from accidents, such as falling from wharves and gangways, whilst under the influence of drink. In addition, there have been cases where men, brought on board in a semi-comatose condition, have been simply put to bed to sleep it off and have been found dead some hours later either as a result of absorbing a fatal quantity of alcohol from their stomachs or by being 'choked', *i.e.*, asphyxiated, by their own vomit. Being 'drunk' is therefore, at worst, a step towards death, and it is a condition which, common though it may be, should never be ignored or regarded as merely funny. On the contrary, men returning on board in a severely drunken state should be treated as sick persons requiring close watching and careful nursing if their lives are not to be further jeopardised.

Ordinary Drunkenness

A description of this is scarcely necessary except for the sake of comparison with the other forms of drunkenness. The man has poor control of his muscles, finding it difficult to walk or talk properly and being unable to perform commonplace actions such as lighting a cigarette. His face is flushed, and the whites of his eyes may be red and 'bloodshot'. He may vomit. He may be in a happy and excited mood, or he may cry and be very depressed, owing to the loss of his normal controlling powers of reason and judgment.

Treatment

First aid measures are described on page 91. While being left to 'sleep it off' he should be kept covered warmly enough to prevent chilling, and must be watched from time to time to make sure that his condition is not serious. If he awakes, or is restless because the room is spinning around, it is best to let him sit up with a foot on the deck. If he has not yet vomited, he should encourage this by tickling the back of his own throat or by taking an emetic. If he is needed at once on duty, and is sensible enough to be able to help his own recovery, he should take a cold shower and be given some hot black coffee. For the 'hang-over' next day a dose of stomach powder will help to relieve the nausea, and two compound codeine tablets will ease the headache.

Dead Drunk

Alcohol in any form is a poison; and when a large amount has been taken during a short time, especially on an empty stomach, serious poisoning or intoxication may develop. This may prove fatal as a result of respiratory or heart failure. The drinking of alcohol in ports abroad, where poisonous spirit of illicit origin is frequently offered to seamen, is especially dangerous. A man who is 'dead drunk' lies unconscious with slow noisy breathing, dilated pupils, a rapid pulse, and some blueness of the face and lips. His breath will smell of alcohol, but in this connection a warning must be repeated. It is important to realise that his stupor or coma may not always be solely due to drink. He may

have felt faint or weak and have taken a single drink and then become unconscious owing to an illness such as epilepsy or heatstroke; or, having had only one or two drinks, he may have fallen and injured his skull. In such cases alcohol alone would not be the cause of his unconsciousness. For this reason, therefore, and also because the signs of a drunken stupor are in any case much like those of other conditions causing unconsciousness (*see page 88*), the man must be examined carefully to make as sure as possible that it really is a case of alcoholic poisoning.

Treatment

First aid measures as described on page 91 should be carried out first. Once in his bunk, the man must be kept well over on his side, *i.e.*, in the three quarters prone position (*see page 82, fig. 92*), and carefully watched so that any vomit does not run back into his windpipe.

The general rules for the care of an unconscious man must be followed (*see page 155*), and special attention should be directed towards keeping him warmly covered with blankets. If while he is still unconscious his condition seems to get worse (as shown by a pulse becoming weak and very rapid or very slow, and alteration in his breathing which may be very fast or very slow), the stomach should be emptied by means of the stomach tube (*see page 95*), and washed out with luke warm water. Thereafter constant quiet observation is all that can be done until he wakes up. Normally he will sleep off the effects of the poison.

As soon as he regains consciousness, he should be allowed to remain as quiet as possible and should be given a half cupful of sweetened black coffee or strong tea. About an hour later, give him a teaspoonful of stomach powder in water, and encourage him to drink large quantities of water and to eat as full and normal a diet as he can manage.

Delirium Tremens (D.T.'s)

This condition occurs only in men who have been regular heavy drinkers for many years. Attacks do not follow a single 'blind' by a man who normally takes only a small or moderate amount of alcohol. On the other hand, it is often a bout of drinking (such as a seaman who is a chronic alcoholic may indulge in after a prolonged voyage) which leads to an attack, or it may be brought on when a heavy drinker has an injury or illness which results in the sudden cessation of his excessive 'normal' intake.

The patient with delirium tremens is at first irritable and restless, and will not eat, and these early signs are followed by shaking all over, especially of the hands. He is confused and may not know where he is and may not recognise those around him. He perspires freely, the temperature may rise to 103° F., (39.4° C.) the face is flushed, and the tongue is furred. He may be extremely disturbed, or even raving; this is usually worse at night when he is unable to sleep, and sees imaginary creatures like snakes, rats and insects, which frighten him and which he may try to pursue. He may deteriorate to a state of delirium in which there is a danger of his committing suicide or even homicide. This condition usually lasts for three or four days, after which the patient either improves and begins to acquire natural sleep, or else passes into coma, complete exhaustion and death.

Treatment

The patient must be kept as quiet as possible in a shaded room under constant observation. Two sedative tablets should be given three times a day with plenty of sweetened fluids to drink and a light diet. He must be guarded to avoid injuring himself or others. He need not be held down if he is only restless, but if he becomes violent he should be secured to a bunk by his wrists and ankles; or a Neil Robertson stretcher may be used for this purpose. He will then soon become tired and quieter. Attention must be paid to any prolonged retention of urine in the bladder, a catheter being passed if necessary (*see page 177*).

It is well known that one way of securing temporary rest is to give further doses of alcohol, but it is important to avoid doing this and to use the methods outlined above.