

Psychologic Factors Influencing Postoperative Narcotic Administration. L. D. EGBERT, M.D., S. J. LAMBIN, M.D., and T. P. HACKETT, M.D., *Departments of Anesthesia and Psychiatry of the Harvard Medical School at the Massachusetts General Hospital, Boston.* Patient care is in part scientific, in part based on perceptual processes, called "clinical impression." A common impression is that the psychological attitude of a patient influences his hospital course, specifically his postoperative recovery. In this study an attempt was made to investigate some of the factors which may modify a patient's ability to face the stress of illness and operation. *Method:* Fifty eight patients were interviewed the evening before abdominal surgery by an anesthesiologist, who recorded the patient's response to standard questions regarding his "confidence in a good outcome." Comparisons were then made to determine whether patients with confidence, and patients without confidence, differed in the number of milligrams of narcotic (calculated as equivalents of morphine) administered from midnight to midnight of the first day after operation. *Results:* The average number of milligrams of morphine, received by the 25 patients who were confident of a good outcome, was 25.2 ± 13.5 mg. per 70 kg., as contrasted to the "non-confident" group (33 patients) who received an average of 43.5 ± 22.1 mg. per 70 kg. The difference between the two groups is statistically significant ($P < 0.01$). There were no significant age, sex or socio-economic differences between the two groups. *Discussion:* What are the origins of and the ingredients in confidence? The synonyms of "assurance" and "self-possession" imply that the confident person has an outlook on life which enables him to face stresses with courage based on reason. A display of reason and courage may be related to a patient's knowledge about the procedure and its sequelae of discomfort and pain. A previous study (Egbert, and others: *New Eng. J. Med.* 270: 825, 1964) demonstrated that, if a patient is told what to expect after operation and is given specific suggestions which may help minimize his postoperative discomfort, he actually requests less narcotic postoperatively. In this study it is not known whether

the confident patients were those more "educated" in their expectations. In contrast to the rational basis of confidence, "faith" and "trust" depend on factors, which are in a more incalculable realm. Since there was a strong suggestion in the data of a correlation of religious faith with morphine consumption, the records were reviewed of another 60 surgical patients who had cholecystectomies; the patient's religion, age, and weight were noted, and the number of milligrams of morphine received per 10 kg. in the first 24 hours after operation was tabulated. Protestants received an average of 41.6 ± 17.5 mgm. morphine, Jews 34.0 ± 12.5 mgm. morphine, and Catholics 26.0 ± 14.4 mgm. morphine. The difference in morphine consumption between Protestants and Catholics is significant ($P < 0.01$). Religion could not be correlated with the "feeling of confidence," and the tentative assumption is made that religious faith is a separate important variable, exerting an influence on a patient's ability to face stress. This study cannot claim to have eliminated all possible bias, or considered all variables. The various patient groups were reasonably similar in terms of age, sex, socio-economic status and site and seriousness of the operation. It is not certain that the amount of narcotic given was in fact related directly to the need for narcotic, neither is the severity of suffering known, which led to narcotic administration, nor is the distribution known of placebo non-reactors in the patient groups. *Conclusion:* The psychological attitude of the patient is of unquestioned importance. This study represents an attempt to begin the transition from clinical impression to the factual knowledge, which will help physicians help their patients.

Passage of Lidocaine and Prilocaine Across the Placenta. BURTON S. EPSTEIN, M.D., and CHARLES S. COAKLEY, M.D., *The George Washington University School of Medicine, Washington, D. C.* The effects of lidocaine, a drug with soporific effects, were compared with prilocaine (Citanest, formerly propitocaine, Astra), which is devoid of sedative properties, during intermittent or single injection peridural anesthesia for obstetrics. The object was to determine whether or not any