

Mrs. J., aged 60.—Cataract. Preliminary iridectomy under cocaine fairly successful; no pain until iris was grasped. It was snipped off without any pain.

Miss H., aged 20.—Shrunken and sensitive stump; sympathetic irritation. Cocaine produced superficial anesthesia, but was obliged to administer chloroform.

Master W., aged 15.—Lamellar cataract. Needling was performed without any unpleasant sensation.

Miss C., aged 19.—Traumatic cataract. An operation with De Wecker's scissors was performed without pain.

Mr. D., aged 62.—Secondary cataract. Desiccation was performed without pain or unpleasantness.

Mr. M.—Wound of cornea by a knife stab. Hypopion; iridectomy painless.

Mr. W., aged 21.—Foreign body lodged in cornea removed painlessly.

Mr. H. M.—Moderate nasal stenosis; difficulty and pain in passing a eustachian catheter. Passed with ease and little sensation after cocaine solution had been used.

Miss H., aged 18.—Acute catarrh of the middle ear. Auditory canal very sensitive to touch; much allayed by cocaine solution; did not relieve earache entirely. Painless paracentesis.

Mr. A. L. M., aged 51.—Severe laryngitis. Superficial ulceration; astringents and caustics badly borne. After pencilling the larynx with cocaine, a thirty-grain solution of nitrate of silver could be painted on with little unpleasantness.

Mr. F., aged 24.—Hypertrophic and erectile catarrh. Swelling was notably diminished and mucous membrane paled by a free application of cocaine.

ADDRESS TO THE KING OF DENMARK.—The members of the International Medical Congress recently held in Copenhagen, living in England, Ireland and Scotland, have presented an address to the King of Denmark, expressing their regret for his loss in the burning of the Christiansborg palace when he entertained the members of the Congress.

THE NEW ANÆSTHETIC.

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Since the announcement was made at the Ophthalmological Congress held in Heidelberg in September last, that the muriate of cocaine causes anæsthesia of the conjunctiva and cornea, the anæsthetic properties of cocaine have been very thoroughly tested, and with the most gratifying and astonishing results. No discovery since the introduction of general anæsthesia by the use of ether or chloroform can equal it in importance. It is found to be an anæsthetic not only for the conjunctiva and subconjunctival tissues, but for the drum membrane, the mucous lining of the nares, pharynx and larynx, as well as for the urethra and vagina; and when used hypodermically it causes anæsthesia of the skin and hypodermic tissues.

Its great value in eye and ear surgery can hardly be overestimated. On the ground of its perfect immunity from danger alone it would necessarily supersede ether or chloroform; but in certain important operations, such as iridectomy or extraction of cataract, the operation is greatly facilitated by the co-operation of the patient, which is rendered possible by the use of a local anæsthetic. Moreover, when a general anæsthetic is used, the operation is liable to be marred either at the time of, or subsequent to, the operation by either the retching or the struggling of the patient.

I have given cocaine a fair trial, and I find that, unlike most new remedies, it appears to be all that is claimed for it. I have found it of great service in relieving persistent photophobia and in facilitating a thorough examination. It is especially useful in dealing with children and timid patients: they will allow the eye to be handled without shrinking when they find that manipulation does not cause pain.

The only drawback that has appeared thus far in using cocaine is the very transitory nature of its effects. Prolonged anæsthesia can only be maintained by renewing the application frequently. This will be a serious obstacle to its use as a therapeutic agent. It is also very expensive. A four per cent. solution (the usual strength) costs at the present time \$10 an ounce.