

certainly has admitted his error, for, in discussing my paper on cocaine inebriety read before the District of Columbia Medical Society, Washington, Christmas Eve, 1891, he frankly confessed that he was wrong, and avowed that *he* had nearly killed a patient with cocaine.

No one can tell what mischief went in the wake of his expressed disbelief in the toxic power of this drug. Had it come from some obscure practitioner, it would have passed almost unnoted, but, with the weight of such authority as Hammond's professional prominence gave it, it was all the more dangerous.

The first lethal case of cocaine poisoning was due to the hapless surgeon's reliance on its asserted use in large amount without harm. This case had a doubly tragic ending, for, not only did it cost the life of the patient, a young woman, but the unhappy surgeon, overcome by regret or remorse, committed *felo de se*.

What the outcome, fatal or non-fatal—all unrecorded, it may be—of a like reliance on Dr. Hammond's statement?

Dr. Tenney seems to think that the taking of 18 grs. of cocaine, subcutaneously, in 3 doses, at short intervals without death—which was Hammond's claim—proves it hardly reasonable to call it a poison. We do not agree with him. It simply proves an exception to a rule just such as obtains along numberless other lines; and, in view of what history has given us concerning cocaine poisoning, it proves that it was a fool-hardy affair, for it might have cost the venturer his life. Many a man less a Hercules than Hammond would have been promptly "gathered to his fathers."

There is little question that the earliest reports on cocaine roused a fervor in its favor that led more than one to commend it with a zeal not tempered by that caution which prudence demands. Others, while not lauding it unduly, were inclined

to disparage the warning note that, early, was sounded against it. I well recall a member of the Neurological Society, who expressed himself as much pleased with Dr. Hammond's assertion regarding the non-harmful nature of cocaine, as one likely to lessen an unfounded prejudice against a valuable drug.

With the deadly record that has since been presented, it is quite probable that member—Leonard Corning—has changed his opinion; for he must know the expressed fear of cocaine had a foundation on fact.

History has repeated itself along lethal lines, as regards cocaine, so often, that it really seems surprising that any one at this day should question its power for harm. It may not be known to all that cocaine has killed in smaller dose than morphine,—but that is a fact. It may not be known to all that cocaine has killed in quicker time than morphine,—but that is a fact.

Autumn before last, I reported, for the first time,—through the courtesy of Doctor George B. Cushing, now of Wheeling, W. Va.—this case. Strong man walked into Bellevue Hospital, suffering from urine retention. Catheter disclosed stricture. One drachm of a 4 oz. solution of cocaine was thrown in urethra. Almost at once patient became greatly excited, and in a few seconds went into convulsions so violent that it required the combined strength of doctor and nurse to hold him on table. Amyl was promptly used; no reaction; in 4 minutes, man was dead!

This case—for which I thank Dr. J. E. Lumbard, New York city—is now first reported. Man, aged 25, entered Manhattan Hospital, complaining of 2 days urine retention. Catheter revealed traumatic stricture, due to a 2½ inch sewing needle put in urethra by chum, during a drunken frolic. Twenty minims of a 4oz. cocaine solution were injected in urethra. Imme-