

While the amount of cocaine used must vary with the extent of surface to be anesthetized, the aggregate ought not to exceed one and three-quarter grains; if about the face, not more than one-third of a grain.

In injecting, the intradermic, rather than the hypodermic, method is to be chosen, the risk of injecting the cocaine directly into a vessel being in this way much lessened.

Organic disease of the heart and serious disease of the lungs are contraindications.

During injection, the patient should be in the recumbent position. In operations upon the throat or nose, the head should not be raised until complete anesthesia has been secured.

The solutions must be free from organisms.

If, despite the employment of these precautions, toxic symptoms develop, we may comfort ourselves with the thought that cocaine, like strychnia and belladonna, hangs her danger signals well up, and far out, usually giving distinct warning long before any serious danger is reached.

Remembering, then, that death under cocaine results from depression of the cardiac and respiratory centres, place the patient in the recumbent position, perfectly horizontal. Stimulate the branches of the fifth by slapping the face with a towel wet with cold water.

Practise artificial respiration.

In the presence of great pallor, administer amyl nitrite by inhalation.

If these means fail, and deglutition is impossible, inject (hypodermically) caffein and sulphuric ether.

Tetanization is met by chloroform inhalation.

Aim at moderating the reflex excitability of the nervous system.

Sustain the heart and re-establish the equilibrium of the blood pressure.

The treatment of acute cocaine intoxication is, above all, a case for arterial medication.

I have had good results from morphine hypodermically administered. This should only be given at the very outset, and only in sufficient quantity to secure the physiological effects.

Those who are distinctly nervous and apprehensive are protected by the administration of one-drop doses of the liq. trini trini, administered at intervals of ten minutes, until the physiological effect of the drug is secured. The nitro-glycerine acts almost as promptly as the amyl, and for a much longer time.

A few words with reference to the solution. This should be free from bacteria and pathogenic organisms.

Few alkaloidal solutions show the same tendency to develop bacteria; a solution, therefore, that is to be kept must contain some anti-bacterian.

Chloroform acts well, but is objectionable where the solution is to be