

poisoning, remembering that all functional symptoms are due to structural cause. With regard to toxia from alcohol, it is a fact that the first organs affected are the highest nerve centres—viz., intelligence. A man first becomes a fool from the poison, than the sensory nerves become paralyzed, and he is anæsthetic—that is general anæsthesia; and the last stage of the poisoning in both is hemiplegia.

Dr. MIGNAULT, in replying, said that the symptoms of the acute and chronic forms might exist together, the one passing insensibly into the other. In the first case the deltoid muscle was apparently normal. He was certain that the muscles of the thumb atrophied early and rapidly.

*Hydrochlorate of Cocaine.*—Dr. BULLER, on being asked to give his experience with this new local anæsthetic, said:—On the 7th of November I commenced using the new local anæsthetic (cocaine) in operations upon the eye, and have had an opportunity of testing its merits in quite a variety of cases. Under its influence I have performed iridectomy five times, extracted two senile cataracts, removed four tarsal cysts, discision of capsular cataract twice, opening of the canaliculi twice, and operation for obstruction of the lachrymal duct once. I have always used a four per cent. solution. The results have been gratifying, but not entirely satisfactory. The first iridectomy was for artificial pupil on account of a central leucoma of long standing. Two instillations at an interval of five minutes. Ten minutes after the first instillation, grasping the conjunctiva with fixing forceps caused no discomfort. The operation was performed in the usual way. In reply to my question, "Did you feel any pain?" the patient, an intelligent man, said "No, I cannot say that I did." In iridectomy for lamellar cataract, preliminary iridectomy for senile cataract, and for acute glaucoma, I was equal fortunate. In one case of iridectomy for commencing staphyloma following ulceration of the cornea from purulent ophthalmia, the patient complained considerably of pain during the operation, notwithstanding four applications of the drug at intervals of five minutes. There was in this case an incomplete anæsthesia, ascertained by testing the relative sensibility of the conjunctiva of the other normal eye. Perhaps the still somewhat infiltrated and swollen conjunctiva had been rendered less susceptible to the action of the drug by the recent inflammatory process. In one case of senile cataract, the anæsthesia was all that could be

desired; in the other, the patient became restive before completion of the incision, and gave me a good deal of trouble before the operation was satisfactorily completed. In both, the result of the operation was perfectly satisfactory; and I may say that I have not observed the slightest ill-effect from the use of cocaine up to the present time. In one case of discision of a partially absorbed traumatic cataract, repeated instillations failed to produce any anæsthetic effect, and the patient complained of pain quite as much as if no anæsthetic had been used. The same solution had proved perfectly efficacious upon another patient a few minutes previously. It would therefore seem that some eyes cannot be rendered anæsthetic by the use of a 4 per cent. solution of cocaine. For the removal of tarsal cysts, the pain was only trifling after three or four instillations of the solution; so also in slitting the canaliculi, and was certainly diminished even in the operation of opening the nasal duct.

Dr. GARDNER had removed a urethral carbuncle without producing pain by means of cocaine.

Dr. ALLOWAY had opened a large retro-vaginal abscess painlessly with a 4 per cent. solution of cocaine.

The PRESIDENT reported a painless operation upon himself by means of cocaine. He had, in fact, pulled out one of his own double teeth. He applied a 4 per cent. solution by means of two bits of lint for some 15 minutes before "putting on" the forceps. The tooth was firmly fixed, and he only felt a slight pain towards the end of the operation.

*Neuritis of the Brachial Plexus.*—The discussion on this case (exhibited at the last meeting by Dr. Stewart) now took place.

Dr. HY. HOWARD said: Whether the etiology of this case be idiopathic or traumatic, or, more properly speaking, whether it be due to chemical or mechanical lesion, it is a case in proof of my theory that peripheral, or trophic, or sensory paralysis is followed by muscular atrophy and motor paralysis. This case went to prove the now established physical fact that alterations or change of animal organisms—that is, of structure—creates change of function, and that change of function is necessarily followed by change of conduct. These truisms explain how the sane man of yesterday is the insane man to-day; how the rascal of yesterday is the saint of to-day; the immoral of yesterday the moral of to-day; the irreligious of yesterday the sanctified