complete arrest of the disease in a considerable proportion, such arrests being in a more or less degree permanent. 2. That in other to secure these advantages patients must be free from pyrexia and all acute symptoms, and must possess sufficient lung surface to adequately carry on the process of respiration in the rarefied atmosphere. ... That the influence of the climate seems to promote a change in the lungs, either of a curative or destructive character, and to oppose quiescence. 4. That residence at high altitudes causes enlargement of the thorax, hypertrophy of the healthy lung tissue, and the development of plumonary emphysema around the tubercular lesions, and that this expansion of the chest is accompanied by diminution of the pulse and respiration 5. That it is probable that the rate. arrest of consumptive disease is partly owing to the pressure exercised on the tubercular masses by the increasing bulk of the surrounding tissue. 6. That the above local changes are accompanied by general improvement shown in the cessation of all symptoms, and the gain of weight, colour, and of muscular, respiratory, and circulatory power. 7. That consumptives of both sexes benefit equally by mountain residence, but that the age of the patient exercises considerable influence on the result. 8. That the highaltitude treatment seems to be specially adapted in cases where heredity and family predisposition are present. 9. That the climate is useful in cases of hæmorrhagic phthisis, and that haemoptysis is of rare occurrence at the mountain stations. 10. That mountain climates are most effective in arresting phthisis when the disease is of recent date. but they are also beneficial in cases of longer standing. 11. That the special effects of high-altitude residence on the healthy and sick are common to all mountain ranges of elevations of 5,000. feet and upwards, 12. That to insure the full advantages of high-altitude residence a period of at least six months is necessary in the majority of consumptives. In cases of long-standing and extensive lesions one or two years are often requisite to produce arrest of the 13. That, in addition to the disease. above examples, mountain climates are

beneficial in (1) cases of imperfect thoracic and plumonary development; (2) chronic pneumonia without bronchiectasis; (3) chronic pleurisy, where the lung does not expand after removal of the fluid : (4) spasmodic asthnia, without much emphysema ; and (5) anzemia. That they are contra-indicated in the following conditions: (1) Phthisis with double cavities, with or without pyrexia; (2) cases of phthisis where the plumcnary area at low levels hardly suffices for respiratory purposes ; (3) catarrhal phthisis ; (4) erethitic phthisis, or phthisis where there is great irritability of the nervous system; (5) emphysema; (6) chronic bronchitis and bronchiectasis: (7) disease of the heart and greater vessels; (8) affections of the brain and spinal cord, and conditions of hypersensibility of the nervous system; and (9) where the patients are of advanced age, and where they are too feeble to take exercise.

## A NOVEL EXTENSION OF THE USES OF COOAINE.

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The use of cocaine has been hitherto restricted to the production of local anasthesia. Its anasthetic property is too well known and appreciated to tolerate even a passing reference. Other local anæsthetics are, however, making their way to the front, such as kavin, kandol, erythrophlaum (?) (Sassy). It is wise, therefore, to ask ourselves if cocaine is possessed of other powers besides those which render it of topical value. After a large routine experience of the drug, I do not hesitate to answer that question in the affimative, and to assert that its capabilities have not been justly estimated. I have used it as a therapeutic, diagnostic, and prophylactic agent for three years, and I now wish to place it in these, and I believe novel, aspects before the profession.

My first grasp of its greater capacity was due to an accident. Soon after the introduction of the alkaloid a gentleman ame to me from Servia com-