

CASE 6.—M. C. æt. $3\frac{1}{2}$ years: *Staphyloma of cornea*: Fifteen minutes after a single instillation, the cornea was incised, without complaint.

CASE 7.—Mrs. C. The galvano-cautery was applied to several points on the septum and turbinate after the use of the solution, without other discomfort than fleeting neuralgia of superior dental nerves.

CASE 8.—Ulceration of larynx. A two per cent. solution gave marked relief of irritability.

CASE 9. — *Inflammation of auditory meatus*. Solution dropped into ear; tenderness and pain sensibly relieved—"a sort of numbness."

CASE 10.—E. L., Toronto General Hospital. *Iridectomy*. Five applications in forty minutes; operation ten minutes after the last; section of cornea not felt; the seizure and excision of iris gave some pain.

CASE 11.—F. G. H. *Pterygium*. Four applications; abscission and suturing practically painless.

CASE 12.—N. McL. *Strabismus*. Four instillations in fifteen minutes; tenotomy five minutes later; moderate pain caused by traction upon muscle with hook, but none in cutting tendon; pupil not dilated in thirty minutes.

Under cocaine, extraction of cataract is not more painful than iridectomy; and more frequent dropings or stronger solutions than the four per cent. may be found to anæsthetize the iris—a safer plan apparently than injecting into anterior chamber. Cocaine may be used to prevent (or mitigate) the after pain of operations in various parts and lessen risk of secondary inflammation. It will doubtless prove valuable for relief of pain, photophobia and spasm of orbicularis from corneal irritation, as well as of reflex ills elsewhere, of kindred origin. The writer has been disappointed in not finding an 8 or 10 per cent. solution of the alkaloid itself in oleic acid anæsthetic to the skin; but the aqueous solution of the salt can be utilized hypodermically for local anæsthesia, to some extent at least. In solution or unguents of various strengths, it should allay the pain of burns, &c., and the itching in some skin diseases.

EXPERIMENTS WITH CAFFEINE.—Influenced by the alleged identity of the general physiological, if not therapeutical, effects of caffeine and cocaine, the writer was led to test the former, hoping that it also might prove to possess local anæsthetic

properties; but a four per cent. solution failed to appreciably lessen the sensitiveness of his own conjunctiva. Bearing in mind that caffeine is only one-sixth of the strength of cocaine as regards systemic effects, a much stronger solution of caffeine* was next tried, namely; twelve per cent. on the patient, case 1, in whom the anæsthetic properties of cocaine (4 per cent. sol.) had been quite decided; but the conjunctiva remained sensitive, and grasping it with forceps caused pain. This would seem to shew that caffeine is not a local anæsthetic; a fact to be regretted, because it can be had pure and cheap, and the supply is unfailing, while it would seem good coca leaves are seldom imported.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—To save other medical men from sharing the fate of Dr. Rabbeth, of the Royal Free Hospital, London, who recently lost his life by sucking through a tube the secretions from the trachea of a diphtheritic patient upon whom he had performed tracheotomy, I communicate to you the following. A few weeks ago I performed tracheotomy on a little girl about eight years of age, for relief from the consequences of acute laryngitis. Three days after the operation an attack of broncho-pneumonia supervened, and the secretions became so copious and were at the same time so tenacious, that it was found impossible to keep the tracheotomy tubes clear, and to prevent suffocation in a terrible paroxysm, I was obliged to withdraw the tubes entirely and trust to the larger opening thus secured for respiration and the escape of the secretions. After the removal of the tubes respiration continued very imperfect and labored, owing to a large quantity of mucus still remaining in the trachea, and for the extrusion of which the patient could not muster sufficient expulsive force. At this juncture I went to my office, a short distance, for an India-rubber bulb and tube, with which to suck out the accumulation, leaving my partner, Dr. Henderson, and a couple of students with the patient. During my absence, another violent paroxysm of suffocation came on, and Dr. H., by means of a rubber tube, sucked out some of the mucus, and one of

*Though bought from a reliable house it may prove on analysis to be impure.