

In five such cases the medical advisers were of opinion that recovery could not be hoped for, and some difficulty was experienced in obtaining the permission of the parents to resort to a plan of treatment which presented the apparent objection, that in such conditions of exhaustion it could only hasten the fatal end.

This objection has probably been the chief reason why practitioners have feared to incur the responsibilities of bleeding, and some time will elapse before popular prejudice in regard to this matter will be overcome.

In one case two children, *set.* 3 and 5 respectively, went to Dartford to spend the Christmas with relatives of their parents. It was the year of the great snow-storm, that is ten years ago, when the intense cold was the cause of serious illness and mortality. I was met at the railway station by the medical adviser of the family, and informed that I had come too late to be of much assistance, as the youngest child had died a few hours before, and the elder could not in his opinion live through the night.

The case presented the usual signs and symptoms of excessive consolidation of the lung. There was dulness and tubular breathing over the whole of the left lung. There was doubtful crepitation at the base of the right lung. The pulse was 150, the respirations were between 60 and 70, and the temperature was 104°. All the usual remedies had been administered, and the parents had given up hope of the child's recovery. As it was their only child, the scene was one which would naturally impress itself upon the memory. In the other four cases the conditions were generally similar to those above described, and the same hopeless view was entertained on the question of recovery. The children were all under six years of age. They all recovered.

In prescribing the application of leeches in such cases as was done in those above referred to, the following directions should be given. Three or four leeches, according to the age of the child, should be applied over the right or left anterior thorax, and when the leeches fall off the hæmorrhage should not be arrested, but linseed poultices or hot fomentations should be applied for two or three hours to encourage bleeding. Probably great prostration will occur, and it is proper to support the patient generously with beef tea and port wine. After the warm applications the chest should be covered with wool, but the bleeding allowed to cease spontaneously. In two of the above cases the bleeding was arrested before this occurred, and in both it was necessary to repeat the application of leeches.

In cases of true croup, arising generally from exposure to cold, and where the symptoms are of very acute character, I have often seen great benefit obtained from leeching. When a child of

about four years of age I can recollect being treated for such an attack by an esteemed friend of the family, the late Dr. John Webster, of Brook Street, and that personal experience of the relief which followed the application of leeches has not been without effect upon the treatment I have usually advised under similar circumstances.

There is another class of cases in which great relief is generally obtained from leeches applied to the precordial region, viz., those of mitral insufficiency, and congenital heart disease, where urgent cardiac and respiratory distress demand prompt attention.

Before concluding these brief remarks I may be allowed to suggest for consideration the difference in the effects obtained from venesection as compared with leeches. This subject was carefully considered by the physicians of the early part of this century, and particularly by Dr. Wardrop in his work on "Blood-letting," (1835).

As our individual opinions on the value of venesection or leeching ought to depend on personal observation rather than on any theories we may entertain, I have confined myself to the results of my own experience.—R. Lee, M.D., F.R.C.P., in *Med. Press*.

### COCAINISM.

The chief facts about cocaine in relation to cocaineism are thus summarized :

1. It is the acutest and most absolute destroyer of inhibition, and of the moral sense generally, that we yet know.

2. The morbid craving is very intense, and control is absent.

3. The dose requires to be increased faster than that of any other such drug to get the same effect.

4. The delirium and hallucinations of all the senses of single doses become chronic in cocaineism.

5. Its immediate effects are more transient than those of any other such drug, but this does not apply to the craving set up.

6. The treatment of cocaineism consists in outside control of the patient, in stopping the drug at once, in careful watching, nursing, the use of every sort of food that will keep up the strength, and of the bromide of ammonium, brandy and wine, tea and coffee, and possibly a hypnotic, like paraldehyde or sulfonal, for two or three nights at least.

7. A patient suffering from cocaine can be usually certified as insane so far as the presence of delusions are concerned, but he gets over these soon, and yet is so far from real cure, that certification and sending to an asylum is not a satisfactory process altogether. We need cocaineism included in any special legislation for dipsomania.

The writer also considers among morbid crav-