Code" may, in a sense, be said to have had its birth, is strongly attached to it. And however unnecessary it may be for those who do not need it, it is believed here to be of great value as a bulwark against irregularities to which the frailty of human nature makes many liable. The "Old Code" has been too useful to the whole profession in this country to be treated with disrespect in this city, which is nothing if not conservative.

C. W. D.

COCAINE IN SURGERY—PERSONAL EXPERIENCE OF ITS EFFECTS.

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—As a contribution to the aggregate of experience from which the value and application of cocaine is to be determined, I am able to give your readers a statement of its action upon myself while submitting to the removal of a lipoma. The tumor was situated on the nape of the neck, and with the outlying integument formed a body about the size of a closed fist. Thirty minims of water containing in solution gr. j $\frac{1}{3}$ of cocaine hydrochlorate were injected at six points over and about the circumference of the growth. In addition to this, a mixture of ice and salt was applied for about two minutes after the injection of the cocaine. In about the same time the integument exhibited signs of freezing, whereupon the refrigerant was removed and an incision about five inches long was painlessly made.

Dr. G. W. Jenkins, of Kilbourn City, Wis., assisted by Drs. Wilson and Bryant, of this city, now found much difficulty in defining the tumor, owing to its vascularity, depth, and entire absence of investing membrane. These conditions prolonged the operation to fully half an hour, and until a depth of quite two inches was reached (beyond which the cocaine could not be expected to act) there was no sense of the tedious dissection or any pain from the introduction of the fine sutures with which the wound was closed. The effects of the ice had of course subsided in a few moments, and at no time could have extended below the integument. In two minutes from the injection of the cocaine a decided sense of mental exaltation was realized, quite similar to the incipient stage of systemic anæsthesia from chloroform, and attended with an almost irrepressible tendency to loquaciousness. This symptom may have been intensified by the contiguity of the brain, but did not in the least impair perfect consciousness of all surroundings and necessity of self-control.

As no evidence equals that of personal experience, our reward for this trial was most satisfactory and convincing; proving that for a large class of minor surgical operations we have in cocaine an agent of inestimable value, and verifying its right to be termed the "angel of anæsthesia."

H. C. MARKHAM, M.D.

Independence, Ia., Oct. 27, 1885.

"WORDS AND THEIR USES."

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—In a very excellent editorial on "Latent Talent in the Profession," in your JOURNAL for

October 17th, you refer to the use of the word "diagnose" as offensive. I beg to call your attention to the fact that Webster gives the words "diagnose" and "diagnosticate" as synonymous, and better authority could hardly be desired. It is true that the form "diagnosticate" is more in accord with the Greek *διαγνωστικός*, from which it is derived, but "diagnosis" may as well be considered as derived from *διαγνωσις*, and it certainly has the merit of brevity. It would seem to be a most useless piece of work to attempt to check this tendency to brevity in speech in the present age; it certainly would, where the word of *three* syllables can correctly take the place of *five*, as in the present instance.

Very sincerely yours,

JAS. E. PILCHER, M.D.,

Ass't Surgeon U. S. Army.

Fort Custer, Montana, Oct. 30, 1885.

[We have received several communications, verbal and written, concerning our objections in the editorial mentioned to "diagnose" for "diagnosticate," "allude" for "mention," "apt" for "likely" or "liable," and even to "cases (or 'instances') where," for "cases in which."

1. It must be very evident that "diagnostic" is derived from the first of the Greek substances named above; and the very fact that this adjective ends in *tic*, instead of being *diagnosticive*, is an argument in favor of "diagnosticate," since "diagnostic" is used both as an adjective and as the participle of "diagnosticate." We do not object to "diagnose" because it is short; on the contrary, that is the only thing in favor of the word. The fact that Webster uses "diagnose" and "diagnosticate" as synonymous amounts to almost nothing in the way of supporting the former as a correct word. Webster found that the words were used to express the same idea, and hence incorporated both in his very objectionable Dictionary. Dr. Robley Dunglison, who was Webster's peer in linguistics—certainly in Greek—gives "diagnose" as *sometimes* used for "diagnosticate;" which clearly implies that he considered it objectionable. Even if Webster could be regarded an equal authority with Worcester (which is not the case), the fact that he gives "diagnose" and "diagnosticate" as synonymous is offset by the fact that Worcester does not give "diagnose" at all. We very seldom find *diagnosiren* used by German writers, though *diagnostizieren* is common. In French *diagnoster* is extremely rare, and is not given in the lexicons, while *diagnostiquer* is the correct form. In Italian the word is *diagnosticare*, though only recently used, and not generally, if at all, given in the lexicons.

We have then Worcester, Dunglison, analogy and etymology against Webster. It has been said that usage favors "diagnose." But usage is not sufficient authority for a word which has no right to existence. Usage favors the verbs "to ligate" and "to ligature;" there is no good authority for these words, and there is for "tie," which will always answer the purpose. Common usage does not justify "post-mortem" for "post-mortem examinations," "autopsy," or "necropsy;" the last two being preferable because shorter.