

with it the bits of catgut which were external to the skin, the rest is all absorbed or organized.

There are one or two points of caution to be observed in the above procedure: the first and most obvious is to avoid wounding the bowel when sewing up the peritoneum, and the best way to avoid this is to lift up the ends of the incision, one by the suture and the other with a blunt hook.

Secondly, not to draw the continuous suture too tight, for it brings the surfaces in apposition everywhere and not at certain points only, and if drawn tight may strangulate the tissues.

Thirdly, particular care is necessary with so long a thread that it may not become soiled or infected during the different parts of the operation. Neglect of either of these points may be fatal.

COCAINE, AND ITS EFFECTS.

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Cocaine has been the vaunted remedial local anæsthetic in all forms of pain and suffering; yet it seems that its use in dentistry cannot be availed indiscriminately. I have been called a number of times, by a neighboring dentist to attend his patrons, to whom he had given cocaine hypodermically, and without anæsthetic influence; *per contra*, a decidedly deleterious effect had been wrought in each person, requiring several hours for its complete counteraction by the use of opiates and stimulants.

The first case to which I was called was that of a young man, single, and a saddler by occupation, by the incidental right of his trade, a strong man, yet under the deleterious influence of cocaine, was completely unnerved. The dentist had inserted the cocaine in the gums. When seen, the patient was bathed in a cold perspiration, his eyes glistening, yet the pupil was not dilated; complaining that he was blind, and that he would die, asking to be held. Pulse was much accelerated, feeble, soft and compressible. In other words, he really acted as if deranged. I gave morphia subcutaneously, and with good effect.

Case 2.—I found a colored woman on the floor in the dentist's office complaining of being dizzy, unable to walk, of being sick, with vertigo, pulse slightly increased in frequency, not cold. Somewhat excited, no perspiration. She recovered within two hours and without any remedy save the inhalation of ammonia.

Case 3 was a young man similar to *Case 1*, yet not quite so strong, but with identical complications, which alarmed him very much. I gave him morph. sulph. hypodermically, with the inhalation of aq. ammonia and nitrite of amyl, with prompt benefit. In each case the features were severe, yet not dangerous.

MEDICAL PROGRESS.

PAPOID AND PEPSIN.—PROFESSOR D. FINKLER draws the following conclusions from some comparative experiments between papoid and pepsin: From three experiments with meat it was seen that papoid shows a more energetic peptonizing power than pepsin, and specially so when the proportion of the liquid to the albumen is small—*i.e.*, in the proportion of concentration in which food generally exists in the stomach and in the intestines. The great variability in the quality of commercial pepsin (some of which will under the most favorable circumstances not peptonize more than 20 per cent, of the albumen of the meat) gives papoid also the preference, as it is made of one uniform quality.

Experiments with hard-boiled eggs showed that they are better digested by pepsin, if the quantity of liquid is larger in proportion. As soon, however, as a more concentrated mixture is employed superiority of the papoid is at once evident.

What effect can be obtained by the ferment in the human body?

a. Concentration of the solution is of first importance. It is impossible to create in the stomach and intestines such amount of liquid as would be favorable to the effect of pepsin. The conditions, therefore, are very much in favor of papoid.

b. Importance of the Reaction.—Pepsin acts in the stomach, but not in the intestines as in the latter. The reaction is neutral or alkaline. Papoid has little effect in the stomach, as the reaction there is acid. When, however, the stomach is neutral or alkaline, papoid will peptonize, while pepsin will be useless. The degree (amount) of acid reaction in the stomach differs greatly, especially in a stomach out of order; in which case the acid can be so highly acid or alkaline that pepsin would be of no value at all. In the treatment of stomach-catarrhs we will, moreover, find that, as a general rule, the contents of the viscus have been rendered artificially neutral or alkaline by the administration of remedies, so that in these cases pepsin will have absolutely no effect. Papoid, on the contrary, will act energetically.

c. Regarding the Time Available for the Digestive Ferments to Act in the Body.—In the case of pepsin this is necessarily very short, as the action ceases when the food enters the alkaline reaction of the intestines. In the case of papoid, which can act well in alkaline reaction, the time is practically unlimited, as it continues acting on the food during the whole time it continues in the body. For all these reasons the conditions for the effect in the human body are far more in favor of papoid than pepsin, and especially as under existing circumstances (high degree of concentration) papoid has been shown to act much more energetically. It is only too clear that the preference should be given to papoid as a digestive ferment for the treatment of dyspepsia. Besides dyspepsia, the papoid is of great importance in the treatment of diphtheria.

Its effective power consists in the circumstances that no free acid need be present in the application,