ance; he became irritable, quarrelsome, impetuous, and considered himself to be possessed of a mission, and that to revolutionize the medical practice, claiming to be able to cure all diseases by the potency of cocaine. He gave it indiscriminately to all his patients. He gave it to obstetric cases and to syphilitic cases. He gave it to his wife, his three children and his mother. He was formerly a modest man of science; he became bold and unscientific in his method, went about engaging in lawsuits, carrying a pistol and frequently brandishing it in public places, threatening vengeance upon all who dared to doubt the correctness of his various extravagant statements, a perfect terror in his neighborhood. He had been a very devout member of the Roman Catholic Church, but the priest of the church could now do nothing towards restraining his wild impetuosity. He neglected his practice and by his manner alienated those whom he did not neglect, so that very soon he lost it. Piece by piece his horse, his buggy, and his furniture disappeared, until his family was reduced to poverty. My repeated efforts to persuade him to stop the use of the drug were unsuccessful; indeed, simply resulted in making me the recipient of his wildest denunciations and of his severest threatenings. Several physicians and druggists who made attempts to restrain him met with an equally positive rebuff. The same general deterioration as before noticed, was manifest in his case, extreme pallor and dryness of skin, great emaciation, loss of appetite and no desire for sleep, so that for at least one week he did not assume the recumbent position.

He continued to go from bad to worse until his friends thought it best to restrain him. In pursuance of this object Dr. F. L. Wadsworth and I appeared before the County Court and advised his removal to the Washingtonian Home. Here the cocaine was gradually withdrawn, but his mental extravagance continued unabated. He left this institution clandestinely, and is now supposed to be in Canada.

To sum up:

1. Cocaine in small or moderate doses is a cerebral stimulant, but produces derangement of the digestive and assimilative functions, and diminishes the elimination of waste.
2. The use of cocaine in the alcoholic and opium inebriates is not satisfactory; while it is a more or less perfect substitute, yet its use is attended with greater danger than alcohol or opium.
3. The use of cocaine in mental depression, if we carefully guard against the depressing effects of the drug upon digestion and assimilation, will often give better results than any drug hitherto used.
4. The use of cocaine in neurasthenia is a valuable addition to the treatment.
5. The drug, if administered in large doses persistently, causes a very marked deterioration of the central nervous system, producing a profound cerebral neurasthenia, and may produce such a malnutrition of the cerebrum as to develop insanity.
6. Cocaine, occasionally, in doses heretofore regarded as small, produces alarming depression of the central nervous system.

SOME CASES OF REFLEX NEUROSIS.¹

BY G. M. GARLAND, M.D.,

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The subject of reflex neurosis is one of great interest, and the cases which come under this grouping, present such diversity of phenomena and such eccentricities of behavior that they are always fascinating to the observer. The following cases presented themselves at the Carney Hospital, and were there treated during my service in the summer of 1885. They appear to me to be worthy of record:

Case 1.—M. I. D., merchant, aged 58, entered the hospital on July 7, 1885. He had been suffering for six weeks with severe supra-orbital neuralgia on the right side. The pain was not continuous, but seized him at frequent intervals every day. Each individual attack was of short duration, but the severity was so great and the patient's dread had become so exaggerated that he was completely unmanned. He had lost flesh, strength and appetite, and he was nervous to an extreme degree. He had been obliged to give up his business, and he emphasized the apprehension with which he awaited each attack. His tongue was heavily coated and his bowels were constipated.

Upon questioning, it was learned that the patient had had an attack of neuralgia in the same spot three years previous. That attack was of short duration, however, and had never troubled him until it began at this time. He was a man of free habits as regards food and drink. He had always enjoyed good health up to last April, when he had pneumonia, which ran an ordinary course and terminated by complete resolution. His neuralgia began within a few weeks after his recovery from the pneumonia. His face presented a striking contrast between a high color on the cheeks and a zone of waxy pallor round his eyes.

Physical examination revealed the following facts: His heart, lungs and kidneys were sound. There was no tenderness or swelling over the right supra-orbital region. His eyes were normal in appearance, and a later ophthalmoscopic examination by Dr. Derby revealed merely a slight hypermetropia, which was fully compensated for by the glasses which he wore. Nothing abnormal was found in his nostrils or mouth. On opening his mouth, however, to exhibit his teeth, he excited an explosion of pain. The right eye closed, tears ran from it and the lids trembled convulsively. The face flushed and the mouth was drawn toward the painful side. This attack lasted from one-quarter to one-half a minute. The patient then stated that he could produce these attacks by certain movements, which he avoided as much as possible. Chewing his meat at table; drawing his shirt over his head, and certain other acts, would start the pain. The examination of the ears was next in order, and these were found packed with hardened wax. The right ear was so tightly plugged that it required nearly an hour of syringing before the mass was dislodged. The left ear was cleansed in a few minutes.

¹Read before the Section for Clinical Medicine, Pathology and Hygiene of the Suffolk District Medical Society, December 9, 1885.

The fact that the patient could explode attacks of nervous force at will, by the movement of parts remote from the seat of the pain, led me to the belief that there must be a mechanical cause for the pain, and that I had discovered the cause in the impaction of the right aural canal. Accordingly, I stopped all the quinine and other powerful neuralgic medicines which he had been taking, and gave him simply one-twentieth of a grain of podophyllin before each meal to stimulate his digestive secretions.

The removal of the wax caused no pain or discomfort during the operation, and it was followed by an absolute cessation of the neuralgia for eleven days. Once or twice during these eleven days the patient reported a peculiar sensation over the right side of his forehead. It was not pain, but a sort of twitchy feeling in the skin. This aroused his apprehension again, but he was calmed by encouraging words and was told that time was required to cool the stove after the fire was out. On July 17 he sat and read in the sun for some time, and then experienced a mild attack of neuralgia. The pain differed from his previous attacks in that it was slight, and it persisted for ten or fifteen minutes. The house physician, Dr. Gleason, applied galvanism to his forehead, and this immediately relieved him.

Since that day he has had no other attack of pain; occasionally he would feel the twitching of the skin, referred to above, and to relieve this galvanism was applied eight or ten times. After leaving the hospital the patient took a trip to Europe, and has now returned to his business in perfect health.

There are several interesting points in connection with this case. The first is to trace out the nerve circuit between the ear tube and the supra-orbital region. Dr. Hilton shows, in his work on "Rest and Pain," that the "upper and anterior part of the external ear and the auditory canal derive their sensibility from the fifth cerebral nerve," so that these portions of the ear are thus included in the sensory circuit with the forehead, temple, face, eyes, nose, teeth and tongue. The entire posterior surface and the anterior surface of the pendulous portion of the ear are supplied by branches from the second cervical nerve. The presence of wax in the ear tube seems a slight cause for so much distress, and yet if one will put his finger in his ear while making masticatory movements of the lower jaw, he will see that the wall of the canal is thereby moved in a forcible manner. Moreover, the history of a previous attack of neuralgia in the same region would lead one to assume an exaggerated susceptibility of the right supra-orbital nerve. The future history of this case will be interesting.

The gradual cooling down of the excited nerve after the removal of the irritating cause was also an extremely interesting phenomena. For a number of weeks the patient complained of the twitching feeling described above, and such sensations always aroused his apprehensions.

Case 2.—This case exhibits a reversal of the nerve currents as compared with the previous one.

Miss C. P., aged 32. Entered the hospital June 18, 1885, with the history of a sore mouth since the

preceding Friday, together with anorexia and vomiting. The mouth presented the familiar signs of mercurial salivation, with swollen gums and ulcerations. The patient complained of a sharp pain immediately behind the ears. A suitable mouth wash was prescribed and her gums rapidly improved. My term of service beginning in July, the previous treatment was continued until July 13, when my attention was especially attracted by a look of distress on her face, and by her complaints of a severe ear-ache on the left side which prevented sleep and was wearing out her strength. She said her ear had ached more or less from the time of entering the hospital, but it had grown much worse of late. In examining the ear nothing abnormal could be discovered outside or inside, and there was no tenderness to touch or upon percussion over the mastoid process. Between the anterior edge of the left steno-mastoid muscle and the posterior edge of the ramus of the jaw there was a small spot very tender to pressure.

The mouth was next examined. The gums were everywhere healed, except around the left wisdom-tooth. Here the mucous membrane was swollen and pushed forward so as to conceal more than half of the tooth. On lifting this swollen tissue an ulcerated surface was exposed which was very tender to the touch. A small piece of lint, powdered with iodoform, was inserted between the gum and the tooth, and this constituted the entire treatment. Within two days the gum had receded almost to its natural position. The ear-ache was fast disappearing, and the patient could sleep. On the third day the dressing was omitted by mistake and the pain and sleeplessness returned. The lint was resumed. In two days more the ear-ache was entirely gone, and the patient was discharged well at the end of a week.

Case 3.—M. P., aged 68, entered the hospital June 20, 1885. Had been a sailor and fisherman for years. Ten months ago he contracted a cold and had been troubled with cough and dyspnoea since then. He is frequently awakened suddenly at night and is obliged to sit up gasping for air. During the day he has occasional paroxysms of severe dyspnoea, and his breathing is habitually rapid and labored. His face wears a distressed, weary look. Slight movements cause distress for breath, and he walks about with difficulty. The expectoration was a greenish-yellow, occasionally streaked with blood.

Physical examination revealed sibilant and sonorous râles over both chests, front and back. The inferior boundaries of the lung reached lower than normal, showing emphysematous enlargement. There were no signs of any pulmonary consolidation. Twenty years ago the patient's nose was bent toward the right side by a blow from a ball. Since the beginning of his cold he has noticed that he could not breathe through the right nostril.

From the date of his entrance until July 6, the patient was treated by various remedies addressed to his cough and to his asthmatic breathing, but no relief had been granted him. On July 6, I made an examination of the patient and found that his right nostril was packed with polyps. These polyps were four in number, large and firm in consistency. After

two of them had been removed the patient experienced decided relief from his suffering and slept with comfort. This improvement was still more increased after the removal of the remaining polyps at a later sitting. All medication directed to his cough was stopped, and he was given some soda powders for his stomach, and an occasional laxative.

The record for July 29 states that the moist râles heard at the previous examination had disappeared. Only a high-pitched sibilant râle could be heard occasionally on the left apex. On violent respiration a few wheezy râles could be heard over the lowest part of the lung in front.

During August, cocaine and glacial acetic acid were applied occasionally to the lower turbinated bones in both sides. No other treatment has been employed since then, and within a few days the man reported himself to me in excellent condition. He works about the hospital, goes up and down stairs at will, and breathes with ease. Rarely he has an attack of asthmatic breathing at night.

Case 4.—This was a peculiar case of laryngeal neurosis, which I was unable to trace to any local cause. M. A. G., aged 39, unmarried, entered the hospital on September 8. She has always been a hard worker, but remarkably healthy. Last December, after exposure to cold, she began to cough. There was no expectoration then or at any time since. She now grew somewhat hoarse. This symptom varied at first, but finally increased in intensity until she could speak only in a whisper, and this aphonia has persisted up to the time of treatment at the hospital. The cough was of a distressing, barking character, and persisted through all her waking hours at the rate of twelve to eighteen or twenty times per minute. On retiring at night she would lie and cough for an hour or two before she could go to sleep. The cough began by an audible sharp inspiration, as if the diaphragm contracted spasmodically, and this was followed by one or two loud expiratory barks. The patient's hands and feet were restless, but exhibited no choreic movements or trembling. Patient says she has lost forty pounds of flesh since she began coughing. Her appetite is poor, and she complains of a dull, aching pain at the left side of the back after coughing.

A careful physical examination was made. There was no tenderness or tumefaction about the larynx. The cords were slightly reddened, but were not paralyzed. The throat and pharynx were considerably reddened by the rasping cough. The lungs, heart, kidneys, ovaries and womb were normal. The bowels were constipated, but yielded readily to laxatives. Inasmuch as nearly every strong tonic had been tried upon the woman during the months of her affliction without any apparent benefit, it was thought advisable to try the effect of an ice-bag upon the spine. Accordingly, on September 10, the bag was applied for two hours. On the next day and thereafter it was applied for four hours daily.

The hospital record, kept by Dr. Gleason, reports the following progress:

September 13. Patient coughs only when excited or nervous, and then only at long intervals. The

cough is no longer loud and barking, but is more like a clearing of the throat. She goes out to walk daily.

September 16. The cough has entirely ceased and patient can use her voice a little. Her appetite and general health are improving.

September 19. The voice is growing louder and clearer every day. No return of the cough.

September 29. Patient is able to talk in an ordinary tone without any hoarseness. Her weight has increased several pounds. Discharged well.

In addition to the ice-bag, the following pill was given three times daily to stimulate the stomach:

R	Acid. Arseniosi	gr.	1-80.
	Podophyli		1-20.
	Quin. Sulph.		j.
	Strychnine Sulph.		1-80.

and the patient also took one teaspoonful of malt after each meal. Considering the large doses of strychnine and quinine which the woman had previously taken without avail, her improvement at the hospital would seem to be largely due to the influence of the spinal ice-bag.

A CASE OF OVARIOTOMY.

BY P. J. MURPHY, M.D.,

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To chronicle a success now-a-days in ovariectomy is, like "carrying coals to Newcastle," a work of supererogation; and I should not bring this to the notice of the profession, did I not deem it expedient to point out some minor details deserving more than a passing notice.

The patient, Mrs. D., aged 50, white, multipara, was first seen by me on the 5th of November last, when the following history was obtained. There had been a gradual enlargement of the abdomen for three years, during which time she had been treated for an enlarged spleen, thought to be caused by chronic malarial poisoning. Accompanying the abdominal enlargement there had been anorexia, emaciation and progressive asthenia. Of late, marked dyspnoea was experienced whenever the recumbent posture was assumed. Urine normal. Menstruation had ceased five years ago. Upon examination, the abdomen was found to be enormously distended by an elastic, fluctuating mass. Its contour was symmetrical and presented a slight appearance of flattening in the hypochondriac regions. Flatness on percussion was everywhere present, extending even into the flanks. The uterus was slightly increased in size, and seemed to occupy a position behind the tumor.

The history of the case, together with its physical signs, clearly indicated that we had to do with a cystic tumor of the abdomen, which took its origin from the uterus, ovary, or broad ligament. As a distinction between the last two conditions is unimportant as regards treatment, the problem presented for solution was, the possibility of excluding the presence of a fibro-cyst of the uterus. To accomplish this, is by no means easy. In this connection Koeberlé states that "the diagnosis of fibro-cystic tumors has, up to