

touching the cornea. The operation was performed in the old-fashioned way, no speculum or fixing forceps being used; central clear pupil; both eyes were bound.

The patient stated that he felt no pain, and seemed much pleased and astonished.

The above cases occurred from October 16th to Nov. 10th. The muriate of cocaine was prepared by Messrs. Allen and Hanburys, 37, Lombard-street, E.C. A fair dilatation of the pupil indicates a more profound insensibility. I believe the future of cocaine to equal that of eserine. In cases of intolerance of light it acts like magic. Its action on the sensitive nerves of the iris must render it valuable to the physiologist. Dr. Koller of Vienna first brought the cocaine before the Ophthalmological Congress at Heidelberg on September 15th, 1884.

London.

COCAINE AS A LOCAL ANÆSTHETIC IN " INTRA-LARYNGEAL OPERATIONS.

BY FELIX SEMON, M.D., M.R.C.P. LOND.,
ASSISTANT-PHYSICIAN IN CHARGE OF THE THROAT DEPARTMENT OF
ST. THOMAS'S HOSPITAL.

COCAINE has lately been highly recommended as a local anæsthetic in operations upon the eye and throat. Having on my first trial of this new remedy for operations upon the larynx met with very signal success, I think it my duty to record the fact at once for the benefit of others.

I have under my care at the present time a lady with the largest papillomata of the larynx I have ever seen in an adult. The prolonged interference with respiration has so lowered the patient's vitality that on each of the seven occasions on which I have removed masses of the growth by forceps, the mere introduction of the instrument has caused alarming shock. Recently I painted the interior of her larynx with a 20 per cent. solution of muriate of cocaine once, and after waiting five minutes I was able to introduce the forceps four times and remove each time considerable portions of the tumours without the patient experiencing any pain at the moment or subsequent shock. She described the sensations caused by the cocaine as, first, a slight feeling of constriction, followed by a sensation of burning, which quickly passed away.

Welbeck-street.



HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF HYDROPHOBIA.

(Under the care of Dr. POORE.)

FOR the notes of the following case we are largely indebted to Mr. J. H. Brock, house-physician.

Mary Anne R—, aged thirty, was admitted on Sept. 8th, 1884. It was stated that about a year before the patient had been bitten by a dog on the index and middle fingers of the left hand. About six months later the left index finger had also been bitten by a cat. These wounds healed without difficulty, and soon ceased to attract the patient's attention. It was further alleged that the dog subsequently bit a boy on the shoulder and was destroyed, but there was no distinct evidence that the animal suffered from rabies. Similar evidence was wanting in respect of the cat. The patient and her husband had both been hop-picking and had been indulging freely in drink, and there was a history that on or about the 4th of September the patient was frightened by a dog jumping upon her, but this animal inflicted no bite. On that day (the 4th) the patient complained of some pain in the jaws, and found that they were stiff. On the 6th there was some difficulty in swallowing, and this increased on the 7th, especially when attempts were made to swallow water, and the patient became at times violent and delirious. On the

8th she was seen by Mr. Ingledew, of Woolwich, who, recognising the nature of the case, transferred her to the hospital.

When first seen by Dr. Poore at 4 P.M., about an hour after admission, the patient was sitting up in bed. The face was red and somewhat suffused, and there were superficial abrasions on the cheeks. The colour of the face was partly attributable to exposure to the sun, but the abrasions were caused by the patient trying to allay the irritation of the face by rubbing it with her hands. The expression exhibited considerable excitement mingled with terror, strikingly like that of a hunted animal. The eyes were wide open, and the pupils of medium size and equal. The patient answered questions and appeared sensible, excepting for the fact that she talked almost incessantly, and seemed possessed at times by vague and unreasoning terror. She manifested the greatest unwillingness to make even an attempt to swallow, and positively refused to take a drop of croton oil on butter which was offered to her. On trying to swallow a teaspoonful of milk, which she carried hurriedly and nervously to her mouth, she was seized with a violent spasm of the faucial muscles, which was accompanied by great distress. Whenever the attempt was made to swallow, the same phenomena were observed. Bowels constipated. Tongue somewhat coated. No paralysis or spasm of the limbs or trunk. Temperature 101.4°; respiration 28; pulse 150. It was noted that the knee-jerk was absent in both legs, but that the superficial reflexes were normal.

The patient continued to get more excited and delirious. Her language was extremely obscene, and she constantly stated that she saw various objects, dogs, cats, and human beings, which were all provocative of fear. Towards night she became violent and quarrelsome. At 1 A.M. on the morning of the 9th she asked for water to wash, but at the sight of it she became very excited, and on dipping her hands into it she was seized with a pharyngeal spasm. She gradually got weaker, and at 5.30 A.M. she complained of pain in the legs which prevented her from standing. During the night the urine was passed into the bed. It was noted that while the pulse steadily increased in frequency, the rate of respiration decreased, and at 10 A.M. the temperature was 102.4°, the respiration was only 12, while the pulse was too rapid to be counted. The suffusion of the face steadily increased. At 12.10 P.M. on the 9th the patient had a severe pharyngeal and respiratory spasm, fell back on the pillow and died.

The treatment consisted in the maintenance of surroundings as absolutely quiet as was compatible with the due care of the patient. In addition to this an enema containing sixty grains of bromide of potassium was administered soon after admission, and three hypodermic injections, each of one-third of a grain of morphia, were given at intervals. These had the effect of producing quiet, and affording a little sleep.

The post-mortem examination was made within two hours of death. No change was detectable by the naked eye with the exception of general venous engorgement due to the impaired respiratory power and the mode of death. The necropsy was made as soon as possible in order that "cultivation experiments" might be carried on. It is known that Pasteur has not as yet succeeded in detecting any micro-organism having a definite relationship with hydrophobia. Mr. J. Lister, the assistant of Mr. Watson Cheyne in the biological laboratory of the Health Exhibition, attended the post-mortem, bringing with him a supply of sterilised tubes filled with gelatinised meat infusion. These tubes were inoculated with minute portions of the medulla, the salivary glands, and kidney. Some "growth" has taken place in several of these tubes, but as to the nature of this growth (whether specific or otherwise) no conclusions have as yet been arrived at.

LIVERPOOL NORTHERN HOSPITAL.

EPITHELIOMA OF PENIS; COMPLETE AMPUTATION, WITH
FORMATION OF PERINEAL URETHRA; RECOVERY;
REMARKS.

(Under the care of Mr. CHAUNCEY PUZEY.)

J. H—, aged seventy, was admitted on May 2nd, 1884, suffering from epithelioma of the penis, said to be of only six months' duration. A considerable portion of the glans penis had disappeared, and the body of the organ was evidently involved in the disease, suspicious induration extending as far as the scrotum. The patient's general