

not quite so bad as the disease. It excites the nervous system, banishing sleep, it adds to the nausea, increases the prostration, destroys the appetite, and fails to keep off the wind colic. But on the last occasion, instead of morphia, I used cocaine, injecting subcutaneously over the left ovary, at first three, increased afterwards to five minims of a four per cent. solution. Almost immediately after each injection the pain in the inguinal region ceased to be felt, the nausea and wind colic were relieved, and, instead of nervous excitement and wakefulness, a soothing effect inclining to sleep was experienced. Five minims of a four per cent. solution were sufficient to afford complete relief for five or six hours, and comparative immunity for a much longer period.

While, however, the drug acted thus admirably, both locally and generally, it had no effect, apparently, on the bearing-down pains, and pain in the back, but only upon the local pain in the neighborhood of the spot where it was injected. It was also noticed, that, while it relieved the nausea and vomiting of a reflex origin, it sometimes caused slight nausea itself, but this was only temporary. No other unpleasant effect was experienced, if we except a slightly bitter taste imparted to the tongue.

If cocaine can thus be made to supersede morphia in such cases, it will certainly prove an inestimable boon to many an unfortunate sufferer. And if it is able to relieve that excruciating intestinal pain usually called wind colic, which in so many cases is sure to follow the slightest surgical interference with the uterus, this of itself will be no mean trophy added to its many wonderful triumphs over human suffering.

JOHN FORREST, M.D.

CHARLESTON, S. C.

COCAINE IN DYSMENORRHŒA.

To the Editor of THE MEDICAL NEWS.

SIR: Having employed the new anæsthetic, cocaine, with the happiest results, in a case of dysmenorrhœa, I thought it might be of interest to publish the facts.

My patient has suffered for years from painful menstruation, accompanying a retroflexion of the uterus, complicated with adhesions. The deformity of the uterus has been rectified by treatment, but the pain during the menstrual period is still as agonizing as ever. The most acute and intolerable anguish is felt in the left inguinal region, and is accompanied by a wind colic that causes the sufferer to writhe in agony. Nausea and vomiting add to her distress, and she seems at times ready to go out of her mind with suffering.

While still hoping to effect a permanent cure of this condition by appropriate treatment, temporary relief by the administration of morphia is all that I have hitherto been able to afford her; at the same time, that drug produces such disagreeable effects, that the remedy is only