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### THE COCAINE HABIT.

RECENT newspaper reports have brought the subject of the prevalence of the cocaine habit prominently, perhaps too prominently before a sensation-loving public. It is a sordid and unsavoury business from which healthy-minded people recoil in disgust. But we all read the reports, nevertheless. And, indeed, the subject touches our section of medicine very closely, since of all classes of medical practitioners none make such frequent and copious use of cocaine as do oto-laryngologists.

The first feeling most of us experience in following the evidence of the case now before the coroner must be one of annoyance to find that a drug so useful and withal so costly, especially in war time, should nevertheless be at the disposal (for a price) of whatever wretched degenerate chooses to acquire it. Obviously indulgence in the cocaine habit must render the drug scarcer and more costly, and for that reason we should welcome any measure likely to make the procuring of the drug for such nefarious purposes an impossibility.

It must not be forgotten, however, that very strict laws are even now in operative to prevent the abuse of cocaine. The difficulty of course lies, not in the passing of rules and regulations, but in having them carried out, for human nature being what it is, smugglers are always able to steal or to bribe their way through the strictest law. Public opinion, moreover, is valueless, as among the perverted set who indulge in these "doping" vices the greatest sinner receives the highest honour.

But the inquiry brings to our notice a second consideration which we oto-laryngologists ought not to ignore or to deny, and that is the risk we ourselves may run of inducing the habit in patients who consult us.

We do not refer to the loose giving to patients of prescriptions containing cocaine, as laxity of this nature is probably very unusual. And the slight spraying of the nose in order to induce shrinking of the

turbinals for purposes of inspection is harmless, if used once or twice only. Further, the topical application of cocaine to bring about an intensive action prior to operating is also free from peril, since whatever emotional pleasure the drug may induce is promptly overwhelmed by the more profound mental effect of the manipulation and its results.

In these circumstances there is no risk of initiating a fondness for the drug. But the same can scarcely be true of cocaine when it is regularly used for such mild manipulations as passing the Eustachian catheter. This procedure in expert hands is, or ought to be, quite free not only from pain but even from discomfort, so that the use of cocaine after the first two or three sittings is quite unnecessary. If, then, we continue applying the drug, we are certainly running a serious risk of setting up the cocaine habit in our patient. Consequently we should make it a rule to dispense with the drug after the first sittings have accustomed the patient to the passage of the instrument.

Care should also be taken never to let the patient know the name of the anæsthetic used.

Finally, we may remind readers that the local action of cocaine is intensified and its absorption and general action minimised by mixing it with adrenalin solution. The only drawback to this combination is the occasional occurrence in susceptible people of rather violent reactionary phenomena in the shape of sneezing and rhinorrhœa.

D. M.

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### SOME CASES OF FOREIGN BODY IN THE AIR- AND FOOD-PASSAGES.

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The methods of removing foreign bodies from the air- and food-passages have become so much a special branch of laryngology and have reached such perfection in the hands of Chevalier Jackson and a few others that one, like myself, whose experience is comparatively limited, feels some hesitation in recording his adventures in this interesting field. No one regards with more admiration, nor, it may be added, with more envy than I do, the "team-work" on the value of which so much stress is laid; but this is for most of us at present an unrealised ideal. Many, if not the majority, of my own bronchoscopies and œsophagoscopies have been performed with the help of anæsthetists, assistants, and nurses, none of whom had ever before been present at such operations, and often with the instruments of a hospital out-patient department, neither too well adapted for the case in hand nor in the best working order. The value, however, of any method of treatment, to the general public at least, depends very largely upon its accessibility—that is to say, upon the number of those who are able to carry it out with a fair measure of success; and I have ventured therefore to put on record and draw conclusions from some cases which at least demonstrate the value and practicability, even under relatively adverse conditions, of the modern methods of dealing with these accidents.

#### ANÆSTHESIA.

In most of my cases of bronchoscopy and œsophagoscopy, whether for removal of foreign bodies or for other purposes, in addition to the