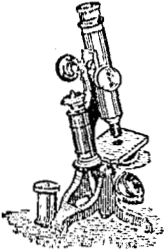


Medical Matters.

COCAINE INTOXICATION AND ITS DEMORALISING EFFECTS.



Dr. Bose, of Calcutta, recently contributes a valuable paper on the above subject to the *British Medical Journal*.

He states that in Calcutta cocaine is much used as an intoxicant, but that at present the practice is chiefly indulged in by those addicted to opium, bhang, &c. It is usually taken in the form of powder or tablets, and chewed with betel leaves and slaked lime. Unlike bhang, it requires no special preparation, and the habit, when once acquired, cannot easily be given up.

The symptoms of intoxication are as follows:—“The first symptom experienced by the victim is loss of sensation in the tongue and lips, followed by dryness of the mouth and fauces. A thermometer placed under the tongue does not indicate any rise in temperature. The approach of the so-called hilarity is announced by a feeling of heaviness of the head, throbbing of the arteries of the neck, and palpitation of the heart. The pulse is slightly full and quick, but never exceeds 110. At this stage the inebriate likes to be left alone; he firmly closes his lips and avoids talking, lest in his attempt to do so the saliva flows out of his mouth. His ears become hot and red, whilst his cheeks become pale; the tip of the nose becomes cold, and perspiration soon breaks out on the forehead and neck. The height of the intoxication is marked by coldness of the finger-ends and dilatation of the pupils. This stage lasts 30 to 45 minutes, and is followed by a sense of lassitude and great dejection.”

In Dr. Bose's opinion the depression of spirits is more imaginary than real, as no fall in temperature or pulse-rate was noticed, but there is slightly hurried respiration. To this depression of spirits may be attributed the real danger of the drug, for it engenders an almost irresistible craving for a repetition of the dose. The next stage is marked by a return of moisture to the tongue and lips and cessation of the sweating, but the pupils remain dilated.

In confirmed eaters the teeth and tongue become jet-black, “probably owing to chemical change produced by the action of the lime and saliva upon the cocaine.” Prolonged use of the drug is followed by severe after-effects—viz.,

insomnia, anorexia, dyspepsia, diarrhoea, deafness, delusions and hallucinations, and occasionally acute mania, which is not amenable to treatment.

Judging from the list of cases which Dr. Bose publishes, the cocaine habit is acquired most commonly as a substitute for opium or bhang; but amongst other reasons the following may be mentioned:—For the relief of neuralgia, dysmenorrhoea, and spermatorrhoea, as a means to endure fatigue, and as an aphrodisiac.

From an analysis of his cases, Dr. Bose concludes that the action of cocaine upon the nerve centres is slightly stimulant; but the effect is temporary, and soon followed by depression, lethargy, and inertia. The power of control is lessened and virile power lost. The heart's action is depressed and becomes irregular, while the circulation is sluggish. The dose has to be raised—in one case from 1 gr. to 12 gr. in a month, and, in another, after five months half a drachm could be taken without discomfort. Unlike opium eaters, the victims of cocaine become useless burdens to society and to themselves.

The best remedies for the trouble are the institution of asylums in which the cocaine inebriates can be confined and the drug stopped, and legal measures regulating the sale of the drug. “To substitute some drug such as sulphonal or chloral for the cocaine is but to court the consumption of both.”

PASSING OF THE CORSET.

The *New York Medical Journal* says:—“Something has happened that physicians had hardly dared to hope for—that is to say, it has virtually happened, for the ‘Greek girdle’ now largely worn is so narrow that it cannot be injuriously tightened without causing the person to bulge so above it as to make the appearance of the individual ridiculous, and we may trust women to avoid that. We physicians do not flatter ourselves that our arguments have contributed materially to bring about this auspicious change; fashion has done it, and we hope the present fashion will hold sway long enough to convince women that they are more comfortable and more shapely under it than when they were girt with strait stays.”

It is too much to hope that common sense will ever sway fashion—something new is essential—and we have seen, and shall see again, the human form divine caricatured out of all resemblance to its original shape.

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