great clinical interest were provided for examination. The sum of thirty francs to cover expenses was asked, but no fee. Should Professor Vogt hold a similar course next year, any British ophthalmologist who wishes to attend may be assured of a hearty welcome in Basel and a most interesting and profitable week of instruction.

Yours truly,

JAMES V. PATerson,
E. H. CAMeron.

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BUTYN—A SUBSTITUTE FOR COCAIN

To the Editor of The British Journal of Ophthalmology

Sir,—My attention was directed to butyn by Mr. W. M. Beaumont, of Bath, who kindly sent me a small quantity of a 2 per cent. solution for trial.

This was sufficient for 15 operations, viz.: 1 Optical iridectomy, 1 discission, 1 expression of the lens in its capsule, 1 tattooing of the cornea, and the remainder cataract extraction with conjunctival flap and late iridectomy.

The drug was used as recommended, i.e., 4 instillations of a 2 per cent. solution at intervals of 3 minutes.

In the early cases the speculum was removed before performing the iridectomy, but as the grasping and cutting of the iris appeared to be painless, in the later operations the speculum, although controlled by an assistant, was safely left until the end of the operation.

The claim that anaesthesia is more profound than with cocaine would therefore appear to be justified.

The mild hyperaemia of the conjunctiva was in no way troublesome, and the bleeding from the conjunctival flap was not appreciably increased.

The absence of mydriasis and desiccation of the cornea was noteworthy, and there were no post-operative complications of any kind.

This very limited experience has been so satisfactory that it is recorded in the hope that butyn may become extensively used by ophthalmic surgeons in India, where the illicit use of cocaine has reached serious dimensions. Smugglers of the drug have become so numerous and so daring that they recently enticed a band of Calcutta Police to personal combat on the river.

The value of an efficient substitute for cocaine which is harmless from the social point of view cannot be overestimated, and its use is in the nature of a moral obligation.
For all necessary particulars regarding butyn, reference should be made to the article by Mr. Beaumont in the July number of this journal.

Yours, etc.,

R. M. Dickson, M.D., D.O.M.S, Major R.A.M.C.

September 28, 1922.

NOTES

Appointments

Mr. Hugh Woodward Barnes has been appointed Surgeon to the Victoria Eye and Ear Hospital, Hereford, and Ophthalmic Surgeon to the Hereford General Hospital. Mr. W. Barrie Brownlie has been appointed Medical Referee for ophthalmic cases under the Workmen’s Compensation Act for County Court Circuit No. 3.

Sir George Berry, Surgeon Oculist to the King for Scotland, has been returned unopposed as one of the three Members of Parliament who represent the combined Universities of St. Andrews, Glasgow, Aberdeen and Edinburgh.

The Ophthalmological Society of Egypt

The following are the names of the Officers of the Ophthalmological Society of Egypt elected for 1922-1923: President, Dr. Ahmad Fahmy El Rashid Bey; Vice-President, Dr. Mahmoud Zaki; Hon. Secretary, Dr. Mohammad Mahfouz; Asst. Hon. Secretary, Dr. Hassan Barrada; Hon. Treasurer and Archivist, Mr. A. F. MacCallan.

The Oxford Ophthalmological Congress

The Oxford Ophthalmological Congress will meet on July 4 to 7 inclusive, 1923. A discussion on “The Relationship of Dental Sepsis to Diseases of the Eye” will be opened by Mr. W. Lang (London), Dr. W. R. Ackland (Bristol), and Dr. K. K. K. Lundsgaard (Copenhagen). The Doyne Memorial Lecture will be delivered by Dr. H. M. Traquair.

International Ophthalmological Congress

The next International Ophthalmological Congress will be held in London in 1925.
BUTYN—A SUBSTITUTE FOR COCAIN
R. M. Dickson

Br J Ophthalmol 1922 6: 575-576
doi: 10.1136/bjo.6.12.575

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