

is apt to become deliriously pleased with it and over-enthusiastic, and this enthusiasm carries him into a stage where it is not safe to be his patient. As an example, I saw recently a patient given a stovaine analgesia for the removal of a small breast tumor which could have been removed equally well, if not better, under the local analgesia of ethyl chloride. No one who is qualified to express an opinion disputes the fact that there is a field for both high, medium and low analgesia, and, roughly speaking, I would say the ratios for these are as 1 to 4 to 16.

Therefore let us conclude also that those who are about to commence the use of this analgesia must be fair to their patients and use it only in those cases for which it is the best or equally good and equally non-contraindicated anaesthetic.

In order to draw particular attention to the importance of the specific gravity and the positions of the patient after injection tables will be used for comparison:

FORMULA.

Barker's Solution.
Stovaine, 5 p.c.
Glucose, 5 p.c.
Distilled water to 100 p.c.

Babcock Solution.
Stovaine, 4 p.c.
Lactic, 1 p.c.
Alcohol, 10 p.c.
Water to 100 p.c.

SPECIFIC GRAVITY.

1.023.
Specific gravity of spinal fluid, 1.007.

1.005.

ADDRESS OF MAKERS.

Poulenc Freres, Paris.

Frank Morgan Co., Philadelphia.

POSITION OF PATIENT AFTER INJECTION FOR PRODUCING PERINEAL ANALGESIA.

Head elevated and hips low, or
sitting up.

Head low or partial Trendelen-
burg.

POSITION OF PATIENT FOR ONE-SIDED ANALGESIA.

Lying on side to be anaesthized.

Side up to be anaesthetized.

FOR ANALGESIA TO COSTAL MARGIN.

Dorsal spines lower than sacrum.

Sitting up for a few minutes.

From this one can realize the danger of a solution of uncertain specific gravity. If, for instance, one should use a heavy solution, believing it to be light, and put the patient in the Trendelenburg position in order