

After any of these cases the earlier the operation the better the results. I have operated on several cases of perforation of the stomach, and 18 hours after perforation is the longest time that has elapsed where operation was followed by recovery.

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## SHORT RESUME OF SPINAL ANALGESIA.

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OWING to the extreme interest shown by the members of the Clinical Congress of Surgeons of North America in the demonstration of spinal analgesia by Dr. Wayne Babcock at the Samaritan Hospital, and since many have expressed their intention of trying this method a short resume of part of this work with a few cases of success and failure which are likely duplicates of what others will have will not be amiss at the time.

### THE ANAESTHETIC.

Everyone is familiar with the history of Bier's heroic experiment on himself and assistant with cocaine and with the fact that its use was abandoned. Other derivatives then were developed, such as novocaine, tropocaine and stovaine. Barker, in England, and Babcock, in America, and many others have gone through a long experience with all these, and nearly all have come back and pinned their faith on stovaine. Therefore we may conclude that all new beginners in the art of spinal analgesia for the present may do the same.

### THE MEDIA.

This I believe is the secret and keynote to all the successes, failures and dangers of spinal analgesia, and this is not due so much to the constituents of this media per se, but to the specific gravity of the solution produced.

The specific gravity of the spinal fluid is 1.007. The specific gravity of many early formulæ was not known or considered. The specific gravity of Barker's glucose stovaine was 1.023. That of Babcock's is estimated to be 1.005. One must remember the nature of the canal into which this fluid is injected, with its several curves and its altering position, with its fourth ventricle at one end containing the very important vital centres.

The danger to the surgeon in this work is spinal analgesia fever. He