

level of the cord itself, between the 2nd and 3rd lumbar vertebræ, to enable him to perform a simple perinæorrhaphy upon a stout female. Persistent incontinence of both urine and fæces had been the outstanding result, and the surgeon, in his own words, had on various occasions carefully dodged the irate husband at the street corner. "And you needn't tell me that the addition of one mg. of strychnine would have made any difference", concluded the dismal recital.

So from the demonstration as a whole the general impression was distinctly unfavourable. As a whole it illustrated again the great difference that obtains in different points of view. On the one hand Jonnesco pronounced himself as fairly well satisfied with the results, while from our own point of view, in the four selected cases, nothing whatever transpired to recommend the procedure. And moreover such a demonstration provides a trustworthy light in which to read the enthusiastic conclusions derived from the 1015 cases. Jonnesco himself must consider his method successful, else he would not hazard the actual ordeal. We must conclude that with possibly a more Spartan *materiel* a different point of view prevails in Bucharest.

Spinal anæsthesia is twenty-five years old, for it was in 1885 that Corning of New York made the first injection. Though it has gradually come to be somewhat extensively employed by different observers, it has never won anything like a general recognition from the profession. Its history has been one rather of many vicissitudes, and even the advantages claimed for it have in the experience of many been extremely dubious or problematical. Hitherto it has found small favour in America. In Europe, where it has been much more largely used, it has undergone many modifications in the matter of details of technique and drugs exhibited, and chiefly from the hands of Bier, Donitz, and Tuffier. Jonnesco is at present its most enthusiastic advocate. His claim to originality lies in two things—the general use of the high-dorsal puncture and the addition of strychnine to the analgesic. He is, I believe, the first to advocate the universal employment of spinal anæsthesia and to proclaim that thereby the days of inhalation anæsthesia are numbered. To most observers this proclamation will appear unwarranted and premature. Our present-day knowledge of spinal anæsthesia justifies, I think, the following conclusions:—

Subarachnoid injection in any region higher than the lumbar is difficult to perform and ought never to be performed, for when employed at this higher level it is uncertain in its action, difficult to control, and sometimes dangerous. It is seldom, if ever, satis-