

in the human. In spite of Pirogoff's *imprimatur*, the method fell into disuse, until, in 1884, there occurred a sort of renaissance of rectal anæsthesia, in Lyons and in America. Poncet, however, on the basis of experiments in animals, soon condemned it in no measured terms; and again it was not until within the last few years that the method has attracted much attention, chiefly, this time, through the investigations of Dumont of Berne, Cunningham of Boston, and Leggett of New York.

The present article reviews the whole matter with the usual Gallic clearness of exposition. The disadvantages and advantages are set forth in order and discussed. To summarize, the method possesses two undoubted advantages over narcosis by inhalation:—a more rapid recovery, and a lessened tax upon the lungs; it possesses certain advantages of more doubtful nature:—freedom of the operative field in operations upon the head and neck, a more rapid induction of anæsthesia, a lessened consumption of ether, a diminution in post-anæsthetic vomiting, and a greater efficiency in the case of alcoholics.

On the other side there is much to be said. Many of the patients complain of colic and tenesmus during the early part of the induction. This, like certain others of the objections raised, depends more on a faulty technique than upon the principle of the method.

Meteorism is a more serious matter. This is usually so great as to constitute in the author's opinion an absolute contraindication to all laparotomies.

Cardio-respiratory disturbances have been not infrequent, from the mere alarm to collapse and actual death on the table. Such accidents are doubtless due to an overdose; the anæsthesia becomes not a *rectal* one alone but an *intestinal* one. In this point, the reviewer sees an analogy with the spinal analgesia, in that, the anæsthetic once introduced, it becomes difficult if not impossible to prevent the drug exercising its complete effect after danger symptoms have appeared; one can do little either in the way of withdrawing the drug or in hastening elimination. The patient has to be tided over such conditions by stimulants of various sorts; his ultimate safety depends on his own reserve fund of vitality.

In the fourth place, the patients not infrequently suffer after operation from colic, tenesmus, dysenteric diarrhoea with serous or even bloody stools. This, the American school has maintained, is chiefly due to the entrance of liquid ether into the rectum, and may be avoided by an improved technique. The authors conducted a series of experiments upon rabbits, and found the constant presence of severe congestion of the rectum and colon, going on usually to surface ulcerations, but going on also in two instances to perforation of the sigmoid flexure. Anschütz and Baum in one patient found at autopsy two weeks after a rectal