

perichondrium on the left side of the thyroid cartilage. The sterno-hyoid and sterno-thyroid muscles on the left side, and also the left sterno-mastoid had to be divided transversely in order to remove the growth. The lower part of the pharynx was also cut into. During this long operation the patient complained very little except when the sterno-mastoid muscle was cut. He had very little shock. Two years later Dr. Stuart reported that the patient looked well, had gained in weight and there was no sign of a recurrence. It seems to me doubtful that the result would have been as favorable had a general anesthetic been given.

Local anesthesia is indicated in operations on the larynx. Kocher uses a solution recommended by Steins of Moscow, composed of five per cent. of cocaine and antipyrin, with one per cent. of carbolic acid, to paint the mucous membrane of the larynx and trachea. This controls the coughing. In a case operated on recently, for Dr. Crawford, of Hamilton, the right half of the larynx, on which was a small carcinomatous growth, was removed. Fifteen minutes before the operation one-fourth of a grain of morphia was given hypodermically, and a few inhalations of chloroform were administered during the operation, but not sufficient to cause unconsciousness, in fact, he began to struggle, and it was stopped. The patient suffered very little pain, and had I another case to do, I would not give any chloroform. One can easily understand the advantage of having the patient conscious during such an operation. A little morphia (one-eighth to one-quarter of a grain), has a beneficial effect in cases operated on with local anesthesia. It is also wise in certain cases to have the ears stopped with absorbent cotton, so as to mask the sounds of the instruments. It is essential also to have regular trained assistants, so that the necessary instruments are given without being asked for. The patient listens to all the conversation, and if he hears the surgeon ask for a knife or a scissors, he imagines he is going to be hurt. Some on the other hand, like to see what is being done, but this should rarely be allowed, and the patient's eyes should be covered or protected by a screen from the surgeon and the field of operation.

Young, of Baltimore, uses spinal anesthesia in certain of his prostatic cases, and speaks highly of it. He uses a third of a grain of cocaine dissolved in the spinal fluid. He cites Goodfellow as being the originator of this method, but I think the credit belongs rather to Tuffier. When in Paris last spring I noticed that Tuffier operated less frequently with spinal anesthesia than formerly. In a double hernia which I saw his first