one case there was absolute failure to identify the subarachnoid space, and in another there was produced no apparent analgesia whatever, there certainly was no paralysis; to Jonnesco nothing unusual seemed to have occurred, and no apology or even explanation was vouchsafed. Moreover even as regards the successful cases we all have seen equally satisfactory results achieved by means of local, stage, anæsthesia, and this without the pain and difficulty of administration and without the subsequent paralysis and shock.

My own impression of the method was accordingly unfavourable, and a visit to the three patients in the ward an hour later served but to accentuate this hostile impression. Case I, the young man from whom the breast had been removed, showed no general anæsthesia and no paralysis whatever. His house-surgeon maintained, and I think rightly, that he had never showed any, even during the operation, save a small area of persisting anæsthesia over the left scapula. The inference was warranted and plain that in this case the subarachnoid space had not received the injection but that it had been made somewhere alongside this and had possibly involved one of the left-sided nerve roots. This case illustrates forcibly the difficulty of entering the subarachnoid space at a high level, for the execution of this measure was for the time in the hands of a recognised expert. I think I may safely state that in neither of the two candidates for the upper dorsal puncture was the subarachnoid space definitely reached. In Case III, the girl with the tuberculous cervical glands, the operator himself frankly admitted failure, and Case I, with which he had pronounced himself satisfied, showed no evidence whatever of subarachnoid medication. Cases II and IV of the low dorso-lumbar puncture lay semi-upright in bed and seemed fairly comfortable: this maintenance of the semi-upright position is advocated by Jonnesco for from three to six hours in all post-operative cases. In both patients the paraplegia was complete and to both this was a matter of considerable concern. There was no control of either bowel or bladder, and in Case IV, the man of 40, there was marked hyperæmia of the soles of both feet. This motor paralysis, it is stated, passes off in from 12 to 24 hours. In both these patients it did so. But for me, I confess this picture of absolute paraplegia was, to say the least, disconcerting and by no means devoid of apprehension. Moreover the level of the puncture made directly upon the lumbar enlargement bulked largely in the conception, and this sinister impression was further accentuated by K—— of New York, who volunteered the recital of an experience in his own practice where some six months ago stovaine was injected altogether below the