mania, as sequelæ of a trivial operation performed under local analgesia. Also after-pain is stated to be more severe when local analgesia has been employed.

To summarize: In serious conditions it is best to restrict spinal analgesia to patients who are not good subjects for the methods of general anæsthesia, unless the greater facility of obtaining muscular relaxation by the former method gives the surgeon a better chance of performing an operation in the success of which the patient's life is involved. Local analgesia, unless by regional methods, is dangerous in septic cases: it is valuable for small and superficial operations: its success in exophthalmic goitre is at least doubtful, unless associated with a general anæsthetic, as in Crile's method mentioned above.

2. **Methods of Employment.** Since the dangers arise from overdosage, or from using an anæsthetic by some method which embarrasses the circulation, respiration, the nerve-centres, or the metabolism of a patient already suffering from disease of one or other of these systems, the method selected makes for safety if it gives the administrator absolute control of the dosage of the anæsthetic, or for danger if it fails in this regard and further imposes upon the patient an increased disability. Hence, dosimetric methods of giving chloroform, always desirable, are essential in operations upon persons with feeble circulation (cardiac disability), in cases of goitre or lymphatism, and in operations upon the central nervous system.

Suffocative conditions contra-indicate the employment of ether or nitrous oxide, since these anæsthetics provoke venous engorgement of the air-passages, as well as the adoption of closed methods. Thus, the use of nitrous oxide or ether for a patient with angina Ludovici will probably kill him, since a speedy tracheotomy under the circumstances is impossible.

Posture becomes an integral part of the method in operations upon the thorax when an abscess cavity opens into a bronchus, since turning a patient upon his sound side may lead to filling his unaffected lung with fluid.

Open ether methods are at the present time regarded as peculiarly safe: but if used without atropine, they promote excessive secretion, and are apt to form, about excessive stimulation, which in its turn leads to exhaustion of the nerve-centres and finally to collapse. The prognosis of ether collapse is worse than that of chloroform, but it must be clearly understood that this statement applies only to cases in which no sudden overdosage has been employed.

Infusion methods (ether), while of great value in prolonged exhausting operations and in cases of profound blood-loss, are liable to cause œdema if excessive quantities of saline are allowed to enter the circulation.

Hedonal, when infused, unless in cranial surgery, is dangerous, since the effect persists for hours, and patients may die before the drug is eliminated: they incur special risks from malposition in bed, and from even slight hæmorrhage, since the blood may pass into the