

4. The higher the operation the less desirable is this anaesthetic.
5. For medico-legal reasons any case having as a possibility the development of paralysis of extremity.
6. Cases with acute streptococcic infection.
7. Any case requiring tonic uterine contraction.

SPECIFIC INDICATIONS.

Any case having contra-indications against a general anaesthetic, such as myocarditis, acute or chronic nephritis, or where a patient can only stand a short anaesthetic where an operation of an hour and a half is necessary. Where extreme muscular relation is desired, but where deep enough anaesthesia from a general anaesthetic is contra-indicated, as, for example, rectal operations on weak tubercular patients.

DETAILS OF TECHINIC.

Position of patient—Sitting up, back bent, or on side, with knees drawn up towards chin.

Point of injection—As close to tip of spine of first or second lumbar vertebra as possible.

Direction—Straight in at right angles to patient's body in middle line. Insert needle 1 inch, withdraw trochar, push needle steadily in until it meets a tougher structure, then give a slight twisting movement until needle goes through obstruction and fluid drops freely. Without this last sign do not inject stovaine, as it will be a failure. If the needle strikes the bone draw it back and point it slightly downward. Then when about $\frac{1}{2}$ cc. of spinal fluid has dropped inject about 1cc of stovaine solution, having previously carefully exhausted all air from syringe.

Now arrange patient in position necessary to make fluid ascend or descend to part of spinal canal from which the sensory nerves come supplying the seat of operation. The great advantage of the fluid of low specific gravity is that if anaesthetic is not sufficient the patient may be placed in Trendelburg position if necessary and the most indicated general anaesthetic given. With the heavier solution personally I would postpone the operation at least two hours.

I am not adding reference, since the short resume is outline of work as learned from personal clinics of Drs. Barker and Babcock and my own personal experience.

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